

2011/12 MEMBERSHIP RENEWAL

STEP 1

RENEWING MEMBER 1st year 2nd year 3+ year

STEP 2

CONTACT DETAILS

The below contact details will be used to stay in touch via mail, email and possibly SMS. Please fill out below to ensure all your details are up to date.

FIRST NAME: _____

SURNAME: _____

D.O.B: _____ GENDER: MALE / FEMALE

EMAIL: _____

POSTAL ADDRESS: _____

PH: (H) _____ (W) _____

(M) _____

Please specify preferred method of communication: MAIL EMAIL

STEP 3

ADDITIONAL MEMBERS DETAILS

Please list the details of ALL additional ticket holders if more than 1 seat is purchased. Please specify child members (4-14years).

NAME: _____ CHILD

D.O.B: _____ GENDER: MALE / FEMALE

EMAIL: _____

POSTAL ADDRESS: _____

PH: (H) _____ (W) _____

(M) _____

Please specify preferred method of communication: MAIL EMAIL

NAME: _____ CHILD

D.O.B: _____ GENDER: MALE / FEMALE

EMAIL: _____

POSTAL ADDRESS: _____

PH: (H) _____ (W) _____

(M) _____

Please specify preferred method of communication: MAIL EMAIL

NAME: _____ CHILD

D.O.B: _____ GENDER: MALE / FEMALE

EMAIL: _____

POSTAL ADDRESS: _____

PH: (H) _____ (W) _____

(M) _____

Please specify preferred method of communication: MAIL EMAIL

STEP 4

SEATING OPTIONS (please indicate overleaf)

MEMBERSHIP TYPE: _____

NOTE: Please contact the Townsville Entertainment & Convention Centre for seating availability and selection. For Gold Pass & Courtside Club please contact the Crocs.

STEP 5

PAYMENT SUMMARY

Please transfer total from Membership Seating Options to below:

TOTAL QTY OF MEMBERSHIPS	_____
TOTAL AMOUNT PAYABLE	\$ _____

STEP 6

PAYMENT DETAILS

NOTE: For all memberships please make cheques payable & cash payments to the Townsville Entertainment & Convention Centre. All Gold Pass & Courtside Club memberships, please make cheques payable & cash payments to the Townsville McDonalds Crocodiles.

PAY NOW
One off payment via cash, cheque or credit card.

CASH
DO NOT send cash via mail.

CHEQUE

CREDIT CARD MASTERCARD VISA AMEX

CARD NUMBER: _____

EXP DATE: _____ CVN: _____

CARD HOLDERS NAME: _____

SIGNATURE: _____ DATE: _____

NOTE: All Credit Card payments will incur a 2.5% processing fee.

PAY LATER

DIRECT DEBIT INSTALLMENT PLAN

BANK ACCOUNT DIRECT DEBIT

CREDIT CARD DIRECT DEBIT

7 INSTALLMENTS:
Starting
APRIL - OCTOBER

Please fill out & return the Debit Success Form enclosed

STEP 7

RETURN DETAILS (see overleaf)

MEMBERS: Please return forms to the Townsville Entertainment & Convention Centre.

GOLD PASS & COURTSIDE CLUB MEMBERS: Please return forms to the Townsville McDonalds Crocodiles.

PLEASE REMEMBER TO COMPLETE BOTH SIDES OF THE FORM

OFFICE USE ONLY

Data Received & Inputted
 Payment Processed & Approved

STAFF NAME: _____ DATE: _____

Merchandise Sent
 Ticketing Issued