

**FORM FOR PAYING BY CREDIT CARD**

If paying by credit card please ensure you include the relevant registration/membership form along with this form.

Forms may be posted or emailed to our Office.

This form will be shredded after payment has been confirmed.

⌂ Visa or ⌂ Mastercard

Name …………………………………………………..

School…………………………………………………………………..

Contact phone………………………………………………………

Paying for …………………………………………………………..

Amount……$……………………………………………………..

Card number…………………………………………………………………………

Expiry date………………………………………………………

CVC (3 numbers on the back of your card)…………………………….

Signature………………………………………………

P.O. Box 549  
Sylvania Southgate 2224  
Phone (02) 9522 6352  
Email: [lsansw@tpg.com.au](mailto:lsansw@tpg.com.au)