

OAA EVENT REPLY FORM

POST: LEVEL 6, SYDNEY SQUARE, SYDNEY NSW 2000 FAX: 9286 9550 EMAIL: jworkman@sacs.nsw.edu.au

OAA MEMBER DETAILS:

NAME: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

1. OAA ANNUAL GENERAL MEETING

I WILL BE ATTENDING THE OAA ANNUAL GENERAL MEETING (NO COST)

2. OAA ANNUAL DINNER

I WILL BE ATTENDING THE OAA ANNUAL DINNER:

<input checked="" type="checkbox"/>	MEMBERSHIP	NAME	COST	
<input type="radio"/>	LIFE MEMBER		\$00.00	
<input type="radio"/>	MEMBER		\$40.00	
<input type="radio"/>	GUEST		\$50.00	
			TOTAL	

PAYMENT DETAILS (PLEASE SELECT):

VISA MASTERCARD CASH CHEQUE (MADE TO THE OLD ANDREANS ASSOCIATION)

CREDIT CARD NUMBER:

EXPIRY DATE: _____ / _____

NAME ON CARD: _____ SIGNATURE: _____

OAA DONATION FORM

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OAA MEMBER DETAILS:

NAME: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

I WOULD LIKE TO DONATE TO THE OLD ANDREANS ASSOCIATION

\$100.00 \$250.00 \$500.00 OTHER AMOUNT: _____

PAYMENT DETAILS (PLEASE SELECT):

VISA MASTERCARD CASH CHEQUE (MADE TO THE OLD ANDREANS ASSOCIATION)

CREDIT CARD NUMBER:

SIGNATURE: _____

NAME ON CARD: _____ EXPIRY DATE: _____ / _____