

PAYMENT FORM

Member Name:				
Address:	Postcode:			
Contact Name:				
Contact Email address:				
Telephone No.:	Mobile:			
Payment Calculator:				
First Entry:	Qty x 1 @	\$250.00	\$ 250.00	
Entries thereafter:	Qty @	\$150.00	= \$	
		TOTAL	= \$	
				All prices include GS
☐ Please find attached my ch	eque for \$		_	
☐ I would like to make payment Account Name: Swimmint Bank: Westpac BSB: 03: NB: If paying by direct de	g Pool & Spa Associati 3305 A/C No: 510555 posit, please attach a c	ion of Victoria Ref: (Please copy of your t	insert your company na ransaction to this paymo	
☐ Please debit my credit card	the amount of \$_			
Cards accepted by SP	ASA – Visa & Master	Card		
Card No				
Expiry Date:/	Name on Card	d:		
Signature:				
All entry materials, toge	ther with full paymen	t must be re	ceived by 5pm Friday	, 14 April 2017
No entry materials will be	processed until full pa	yment & all re	submitting multiple entri equired support material plete entries at its discre	ls are received.
SPASA Office use only				

__ Date of invoice: __

Code No. for entry/entries _____ Invoice No. ____