

COTA MEMBERSHIP APPLICATION

To join your State or Territory COTA.

PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms/Dr/Other

First Name

Surname

Date of Birth

First Name (for joint membership)

Surname

Date of Birth

Street Address

Suburb

State

Postcode

Postal Address

Suburb

State

Postcode

Phone (H)

Phone (W)

Mobile

Fax

Email

COTA MEMBERSHIP AND DONATIONS – PAYMENT

1 year Single Membership @ \$24.00

\$

1 year Joint Membership @ \$32.00

\$

I wish to make a Donation to support the work of COTA (Donations over \$2.00 are tax deductible)

\$

Total Payable – Thank You

\$

Payment Details (please complete)

Cheque

Money Order

Cash

Visa

MasterCard

Credit Card Details

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

Expiry Date

Cardholder's Name

Please make cheques and money orders payable to COTA.

Your personal details may be used to contact you with information on this and other COTA products or services. By providing us with your details you give us permission to mail and call you for an indefinite period of time, unless you advise us otherwise. If you would like a copy of our privacy policy, do not wish to receive information or want to access or change your personal details, please call COTA Insurance and Membership Services on 1300 1300 50.