**DIRECT DEBIT FORM  
*In processing this application you agree to the terms and conditions that apply to direct debit and understand that your renewal fee will be deducted from the nominated account on the date set by the Australian Network for Plant Conservation Inc.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Payment Details for direct debit only.** | | | | | | | | |
|  | **Total Amount: $**  Please refer to the membership table on the following page and/or visit our [website](http://anpc.asn.au/apc) for more information. | | | | | | | | |
|  | Visa MasterCard | | | | | | | | |
| Card Number | | /      /      / | | Expiry Date | / |  | | 3 digit code | |
| Name on Card | |  | Cardholder’s signature | | | | Today’s date:    / | |  |

***Terms and Conditions – direct debit***

* *The Australian Network for Plant Conservation Inc. only accepts Visa or MasterCard with this service;*
* *It is the cardholders responsibility to advise the Australian Network for Plant Conservation Inc. if their card has expired;*
* *Where funds are not available on your credit card, you will be contacted to arrange an alternative form of payment;*
* *Bank transaction fees and government taxes may apply;*
* ***For more information*** *please visit our website at*

***Privacy Policy****The information we collect from you will be used to set up your direct debit account. This information will be stored on the* [eWAY](https://www.eway.com.au/about-eway/technology-security) *platform to enable direct debits from your account the Bendigo Bank account held by the Australian Network for Plant Conservation Inc. Direct debit details will be held securely and not given to any third party without your written consent.   
Should you have any questions regarding eWAY’s security measures, please visit* [eWAY](https://www.eway.com.au/about-eway/technology-security) site. Alternatively please contact   
our office for more information:

|  |  |
| --- | --- |
| Australian Network for Plant Conservation GPO Box 1777 Canberra ACT 2601 Australia | Ph: +61 (0)2 6250 9509 Fax: +61 (0)2 6250 9528 [Email](mailto:anpc@anpc.asn.au) |

***Please complete the membership table on the following page.***

**MEMBERSHIP TABLE - DIRECT DEBIT**

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP TYPE/SUBSCRIPTION**  **(please check the box where appropriate)** | **1 yr**  (Incl. GST) | **3 yrs**  **(**Incl. GST) |
| Individual Member | $70 | $175 |
| **Individual Concession** (full time students, pensioners, unemployed) | $40 | $100 |
| **Community Group** (Additional benefit: receive 2 copies of quarterly bulletin) | $105 | $265 |
| **Small Business (< 20 employees)** (Additional benefit: receive 2 copies of quarterly bulletin) | $105 | $265 |
| Corporate/Government Agency **(Additional benefit: Bulletin mailed to up to 7 addresses)** | $580 | $1450 |
| Library Subscription **(2 copies of quarterly bulletin)** | $105 | $265 |
| Check box for APC bulletin e-version instead of posted paper version |  | |
| DONATION ($2 or more tax-deductible) | $ | |
| Ecological Management and Restoration \*  **(approx. 30% discount; usual  subscription $106.70)** | $74.80 | n/a |

**UPDATE MY DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member details Note: memberships are for a calendar year, 1 January to 31 December** | | | | | | | | | | | | | | | | | | | | | |
| Please complete the form then email, fax or post to the ANPC at the address above. | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | | | First name | |  | | | | | Surname | | |  | | | | | | |
| Occupation | | |  | | | | | | Organisation | | |  | | | | | | | | | |
| PO Box/Street | | | |  | | | | | | | | | | | | | | | | | |
| Suburb/Town | | | |  | | | | | | State |  | | | Postcode | | |  | Country | | |  |
| Phone W | |  | | | | Phone H | |  | | | | | Mobile | | |  | | | Fax |  | |
| Email | |  | | | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **Office Use Only**: Access D/b updated **** RN Date / / Officer | M’ship ID: |
| **Acknowledgement returned to customer ** Date / / Officer |