

## Credit Card Facility Details

Given Name: .....

Surname: .....

### \*Membership Category (Please Tick)

Ordinary members

Corporate Organisations

Full Time Student

### Credit Card Payment

Please debit my Visa / Mastercard / Bankcard / Diners / Amex Account

\_\_\_\_\_

Expiry Date: ..... / .....

### Card Holder Name (in Block Letters)

Given Name: .....

Surname: .....

### Card Holder Address

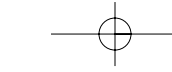
Street: .....

Suburb: ..... State: .....

Postcode: ..... Telephone: .....

### Card Holder Signature

\*Membership rates are GST inclusive from 1 July 2000  
Please forward to Industrial Relations Society of NSW, PO Box 74, OATLANDS NSW 2117  
ABN 40 585 849 687



INDUSTRIAL RELATIONS SOCIETY  
OF NEW SOUTH WALES

ABN 40 585 849 687  
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