

OPERA CLUB 2017

OPERA-Q

MEMBERSHIP FORM

TITLE _____ FIRST NAME _____ LAST NAME _____
ADDRESS _____
SUBURB _____ STATE _____ POSTCODE _____
DAYTIME TELEPHONE _____ MOBILE _____
EMAIL _____

OPERA CLUB MEMBERSHIP

COUPLES ADULT

\$120 **\$70**

QTY _____ QTY _____

TOTAL \$ _____

MEMBERSHIP ACKNOWLEDGEMENT

How would you like your Annual Report listing? (PLEASE TICK)

ANONYMOUS

IDENTIFIED

TITLE _____

FIRST NAME OR INITIALS _____

SURNAME _____

PAYMENT OPTIONS

Please find enclosed my cheque made payable to **OPERA QUEENSLAND LTD**

Charge my credit card the amount of \$ _____

Visa or Mastercard number _____ Expiry __ / __

Cardholder name: _____

Signature: _____

Date: _____ / _____ / _____

Please return this form to Opera Queensland via post to PO Box 5792, West End
or scan and email to nwarton@operaq.com.au