



FBAA Membership Payment Form

Please charge my credit card as follows:

Name of Applicant/Member: _____

Reference/Membership Number: _____

Contact Phone Number: _____

Card Details

Name on Card: _____

Card Number: _____ / _____ / _____ / _____

Card Type: Visa MasterCard Amex

Expiry Date: ____ / ____ CCV: _____

Amount (refer to fee table below): _____

Auto Payment: *Tick this box if you would like to opt in for automatic payments.*

This means that your renewal fee will be automatically deducted from your credit card on your renewal date. You will receive confirmation once the payment has been processed.

Contact our friendly staff on 1300 130 514 should you have any questions about this service.

Signature: _____

Membership Fee Table

Membership Type	Annual Membership Fee	Application Fee	Total
Accredited Member	\$450.00	\$110.00	\$560.00
Associate Member	\$340.00	\$110.00	\$450.00
Corporate Member	\$2,000.00	\$110.00	\$2,110.00
Corporate Employee Member	\$145.00	N/A	\$145.00
Retired Member	\$30.00	N/A	\$30.00
Affiliate Member	\$560.00	\$110.00	\$670.00

