



# MEMBERSHIP REGISTRATION FORM

Please complete the following application and return to Space Station by email to [spacestation@paltd.com.au](mailto:spacestation@paltd.com.au).

The information requested enables us to provide your organisation with the best service possible and is not shared with any third party.

## Client Details

Name	
Title	
Company Name	
Company ABN	
Primary Business Address	
Phone	
Mobile	
Fax	
Email Address	
Company Website	

## Mail Handling Instruction

(Please select one)

Forward to primary business address, as above

Hold mail for collection at Level 10, 440 Collins St

Other: please specify

## Credit Card Details

Payment for the any meeting or office hire and any associated service charges, that havenot already been prepaid, are to be madeby credit card deduction. I provide the particulars listed below by way of authorization of such deductions, including the signature of the person authorized to use such credit, the authority of whom is hereby warranted by me

Mastercard  Visa

Name of Cardholder			
Card Number			
Expiry Date		Card Verification Number*	

\* VISA/MasterCard: three-digit code on the back of the card.

Cardholder Signature	
Application Date	