

I, _____ hereby authorise the CMSA to charge my credit card account indicated below the amount of

\$A25, for ____ (year) membership of the CMSA

\$A300, for life membership of the CMSA

on or after the date __/__/____.

Account Type: VISA Mastercard

Card No.: Expiry Date: ____ / ____

Cardholder's Name: _____

Cardholder's Signature: _____ Date: __/__/____

Once completed, please return form by mail to:

Ben Smith,
Treasurer CMSA,
Department of Mathematics,
The University of Queensland,
Queensland 4072, AUSTRALIA

or scan and return via email to: bsmith.maths@gmail.com