

COMBINED ENROLMENT FORM & TAX INVOICE
INVERLOCHY ART SCHOOL
G.S.T. 63 802 646



First Name:

Surname:

Address:

Suburb:

Phone:

Work Phone:

Email:

Please indicate if member:

Date:

PLEASE ENROLL ME IN THE FOLLOWING COURSE(S) :

Course name:

Code:

Fee:

Course name:

Code:

Fee:

Subtotal Fees:

Less Donor Membership discount (5%):

Subtotal:

Membership 2006 (optional):

Friend of Inverlochy House:

TOTAL:

Payment method: Cheque: Cash: Credit Card:

Type of credit card:

Credit Card Number:

Name on Credit Card:

Expiry date:

Signature: