TAX INVOICE ABN 92 063 811 147

PUBLICATION ORDER FORM

Date: _____/_____/

(Please PRINT Clearly)

Last Name: _____ First Name(s):_____

Address: _____

Post Code: _____ E-mail: _____

Phone: (H) _____ (w) _____ Mobile _____

ATFCA Membership Number ☐☐☐☐

Qty	Item	Author	Price	pp	Total Price
				Total	**$**

PAYMENT DETAILS:

❑ By Cheque / Money Order (payable to 'ATFCA')

❑ Credit Card (specify below) ❑ Master Card ❑ Bankcard ❑ Visa

Card Name: _____

Card No: _____ Expiry Date: ____/____/____

Signed: _____ Date: ___/___/_____

Australian Track and Field Coaches Association
PO Box 430, ASHMORE CITY QLD 4214
Telephone: 07 5597 4499
Facsimile: 07 5597 5544

Postage Rates – applicable within Australia
Add: $8.50 for one item
$4.00 for **each** additional item