## TASS MEMBERSHIP APPLICATION / RENEWAL FOR 2025

	MEMBER	TITLE	INITIALS	S	URNAME	
1. Supera			110171111111		<u> </u>	
-						
-	e or Partner of a Innuant					
Supera	iiiiuaiit					
If the	ere is no change to y	our address	or email d	etails, please t	ick the box: $\square$	
Postal Ad	ldress: Street / PO Bo	x No:				
Suburb /	Town:		State:	Po	Post Code:	
Phone: (	)		Mobile:			
Email add	dress:					
Plea	se enter the amou	nt and tick th	ne method	of payment:		
	Single or Couple			\$15.00	\$	
	Widow or Widower	of a Superann	uant	\$10.00	\$	
	Optional Donation				\$	
	TOTAL				\$	
deposit. To enable (2) Altern *Chequ MyStat	e us to properly ide atively pay by:  ue services are being	Money Order phased out of	Cash the for periods of the Austral sented for p	orm also need Cheque * lian Payment Systems	November 2024. Ot	
Any ch	neques or money or like to receive the q	ders are to b	oe made pa	ayable to TASS	_	
	-			-	•	
Please ma	il your form and payr	ment to:				
TASS, Re <sub>l</sub>	oly Paid 83402, Hob	art Tas 7001	(No s	tamp required	if posted in Austral	
OR						
TASS, GP	O Box 1650, Hobart	: Tas 7001 (St	tamp requi	red)		
TASS Use	e Only: Receipt:				Date:	