



Invoice Membership NTGFIA

P.O Box 43367 Casuarina N T 0810
ABN 88 421 219 886

Name _____

Address _____

Contact Numbers:-

Mobile _____ Home _____ Wk _____

Email Address _____

Membership 2011/2012 _____ \$20.00 _____

Total _____

Payment Methods

Elect/Transfer

NTGFIA National Bank Casuarina N T BSB 085928 Account 58100

(Indicate name and license number)

By Cheque payable to

NTGFIA P.O BOX 43367 Casuarina N T 0810

Please return membership form to P.O BOX 43367 Casuarina N T 0811