

DIRECT DEBIT / CREDIT CARD AUTHORITY



To: MEAA Membership Services Team

Fax/Email 1300 730 543

members@meaa.org

Member Number	
Name	

Date / /

Re *MEAA Membership Deduction*

Card Type <small>(please circle)</small>	VISA	MASTERCARD	
Card Holders Name			
Card Number		Expiry Date	
Account Name		BSB	
Account Number		Branch	
Card Holders Signature			

Please circle preference

WEEKLY	FORTNIGHTLY	4 WEEKLY	QUARTERLY	HALF YEARLY	YEARLY
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EST Annual Income	
Employer/Agent	
Position	
Ph (HM)	
Ph (WK)	
Mobile	
Email	
Street	
Suburb	
State	
P/Code	

MEAA MEMBERSHIP SERVICE TEAM 1300 65 65 13

A: PO BOX 723 Strawberry Hills NSW 2012

BUILT ON INTEGRITY. POWERED BY CREATIVITY. MEAA.ORG

ABN 84 054 775 598