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## **Daily Membership Application Form**

Applicant information	1	
Prefix:	First Name:	Surname:
Contact details		
Phone number:	Mobile:	
Email:		
Reason for Daily Me	mbership	
to use the car park		
to dine in the Dining Room		
to attend a n	neeting, seminar or conference	
to attend another type of event		
other (please	e specify	
Daily Membership do	ate (s)	
Start date:		/ /
End date (if more than one day is required):		
		Total number of days
Payment		
Payment amount	: \$AUD	
Visa	Card Number	
	Expiry Date / CSV	
Mastercard	Cardholder Name	
	Signature	
Direct Debit	Financial Institution	
	BSB	
	Account Number	
	Signature	
Bank Transfer	<b>Bank</b> : National Australia Bank <b>Account Number</b> : 515 612 137 <b>Description</b> : Your Surname or Gro	up/Organisation
Upon completion of this	s torm, please send as email attachme	ent to admingh@graduatehouse.com.au or post/

deliver to: Graduate House, 220 Leicester Street, Carlton VIC 3053, Australia