

ALNA Membership Application

Newsagency Name _____

Owner(s) _____

Newsagency Street Address _____

Suburb _____ State _____ Post Code _____

Telephone _____ Fax _____ Mobile _____

Newsagency Email _____

ABN _____ Purchase Date _____ Application Date _____

Postal Address (Tick box if same as above) _____

Suburb _____ State _____ Post Code _____

Other newsagencies owned (these stores will be included in your membership)

1. _____ 3. _____

2. _____ 4. _____

ALNA Membership

\$73 per month

*The acceptance of membership applications will be subject to the Terms and Conditions of the ALNA Constitution. An ALNA staff member will call you within a week to set up your complimentary **SmartWHS** account and teach you how to use the program.*

Payment Details

Direct Debit Request

Account Name _____

Name of Financial Institution _____ Branch _____

BSB Number. - ACCOUNT Number.

I/WE request the Australian Lottery and Newsagents' Association to arrange for funds to be debited from **my/our** nominated **account/credit card** on a **monthly/annual** basis at the **financial/credit card** institution shown above.

Name in Full (Please Print) _____ Signed _____

(The first payment will be debited during the first ALNA membership draw down date following the date of this form.)

Please fax to 02 9978 3499 or email to news@alna.net.au