



# OUSA Membership Application

Please fill in all areas on this form.

Name: .....

Address: .....

Phone: .....

Course: .....

Student Id No: .....

Email: .....

CONFIDENTIAL

Please tick one. ✓

I enclose cheque  money order  credit card details  for \$20.00

For credit card details: Please debit my Visa  Mastercard  Bankcard  or other, please specify \_\_\_\_\_ for \$20.00

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Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail To: The Secretary, OUSA.  
5 George Avenue  
Bulli NSW 2516.