

Member Contact Details Change Request Form

Please complete this form in BLOCK LETTERS. Once completed, please print, sign, and submit this form to update your membership records.

1. Current Member Details (Required)

Member Number:

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

2. New Contact Details

Please provide only the new details that you wish to update.

New Street Address:

New Suburb / City:

New State:

New Postcode:

New Mobile Phone Number:

New Home Phone Number:

New Email Address:

3. Member Declaration and Authorization

By signing below, I request that my membership contact details be updated as indicated above.

Print Name:

Member Signature (Sign here after printing):

Date Signed (DD/MM/YYYY):