

GEMG ORDER FORM



Name : _____

Company : _____

Postal Address : _____

Phone : _____

Email : _____

ITEM	QUANTITY	COST ¹	TOTAL
A Field Guild to Eremophilas of WA <i>Brown A & Buirchell B, 2011</i>		\$25.00	
Reptiles of the Goldfields <i>Thompson SA & Thompson GG, 2006</i>		\$15.00	
Plant Identification Handbook <i>Rusbridge S, Bradley G & Bradley G, 1996</i>		\$10.00	
Workshop Proceedings – Hardcopy ² <i>please select from below</i> <input type="checkbox"/> 1994 <input type="checkbox"/> 1996 <input type="checkbox"/> 1998 <input type="checkbox"/> 2000 <input type="checkbox"/> 2002 <input type="checkbox"/> 2004 <input type="checkbox"/> 2006 <input type="checkbox"/> 2008 <input type="checkbox"/> 2010		\$10.00	
Workshop Proceedings – Hardcopy Bundle Pack <i>includes a copy of all available hardcopy proceeding</i>		\$50.00	
Workshop Proceedings – CD <input type="checkbox"/> 2004 <input type="checkbox"/> 2006 <input type="checkbox"/> 2008 <input type="checkbox"/> 2010 <input type="checkbox"/> 2012		\$5.00	
Workshop Proceedings – CD Bundle Pack <i>includes a copy of all available proceedings on CD</i>		\$20.00	
MERCHANDISE			
GEMG Stubby Holder		\$5.00	
GEMG Notebook & Pen		\$5.00	

Sub Total	\$
+ Postage & Handling	\$15.00
Total Due	\$

¹ All items include GST, cost is per item
² Only available for workshops prior to 2012.

OFFICE USE ONLY

PAYMENT RECEIVED (DATE) _____

MYOB TRANSACTION # _____

PO Box 2412, Boulder WA 6432 • www.gemg.org.au • secretary@gemg.org.au

GOLDFIELDS ENVIRONMENTAL MANAGEMENT GROUP



GEMG PAYMENT METHOD

Customer Name: _____

Billing Street Address: _____

City: _____ State: _____

Country (if not Australia): _____ Post Code: _____

Payment in relation to: _____

Please select payment method below and email this form to treasurer@gemg.org.au or send with payment to PO Box 2412, Boulder WA 6432.

DIRECT DEPOSIT (preferred method)

Account Name: Goldfields Environmental Management Group
BSB: 306 039 Account Number: 416 580 3

CHEQUE

Payable to "Goldfields Environmental Management Group"

CREDIT CARD

Credit card transactions incur a 5% surcharge

Card Type: MasterCard Visa

Card Number:

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Expiry Date (MM/YY): ____ / ____

Cardholder's Name: _____

Order amount	\$
Transaction fee 5%	\$
Total amount to be debited	\$

Cardholder's Signature: _____

A receipt for the amount paid can be forwarded to you on once payment is cleared. Please tick the box below if you wish to receive a receipt.

Receipt required



JOIN OUR MAILING LIST

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