

School of Philosophy - Enrolment Form

Name: (Mr, Mrs, Ms, Miss, Master, Dr) _____
First Name Surname

Address: _____

Suburb: _____ Pcode: _____

Contact Numbers: (Home) _____ (Work) _____
(Mobile) _____ (Fax) _____

Email: _____

Where did you hear about the course?

Wednesday's West Australian Friends/Relations Our Brochure Email
Saturday's West Australian Website School member Other

Credit Card Payment – School of Practical Philosophy Enrolment

Please debit my credit card for the amount below, being payment for: _____

Mastercard Visa

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Expiry Date: _____ / _____ Signature: _____ Amount: \$ _____

Payment Instructions:

1. Credit card payment over the phone, please call **9379 8073** and speak to **Dianne**
2. Credit card via mail. Please complete this Credit Card payment form and mail to **PO Box 8085, Perth Business Centre, Perth WA 6849**
3. Internet Banking to the School of Philosophy **BSB 016 255 Account Number 100324352** please put your Name as the reference and email this form and the transaction form to philosophy@philosophywa.com.au