

AUSTRALIAN KINESIOLOGY ASSOCIATION INC.

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AKA Receipt book order form

Name: _____

Address: _____

Suburb + Postcode + State: _____

Phone: _____

I would like to order _____ copies of the AKA receipt book. Each receipt book will contain 50 sets in duplicate.

- 1 receipt book will cost \$12 (inc post)
- 2 receipt books will cost \$21 (inc post)
- 3 receipt books will cost \$29 (inc post)
- 6 receipt books will cost \$54 (inc post)

I would like to pay by:

Credit card: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry _ _ / _ _

Electronic Funds Transfer to AKA Inc Commonwealth Bank BSB 063115 Account 10301776.
Use your full name as your payment reference. Date of payment : _____