|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | All enquiries to  **Jenny Owens** 14 Spencer Avenue Deception Bay QLD 4508 Email: gojonamebadges@gmail.com Phone: 0415 416 812  **ABN 93927449514 GOJO Badge Order** | | | | | | | | |  |
| \*Date of Order | | |  | | | | | | | |
| \*Club Name | | | | | \*Club Number | | | | \*District | |
| \*Postal Address | | |  | | | | | | \*Postcode | |
| \*Your Name: | | | | | \*Phone Number | | | |  | |
| \*Your email: | | | | | | | | |  | |
| Please complete all lines marked with \*. PRINT clearly and in BLOCK LETTERS | | | | | | | | | | |
|  | | First Name | | Last Name | | TM rank DTM etc | | Badge Order Option A.B.C. | | |
| 1 | |  | |  | |  | |  | | |
| 2 | |  | |  | |  | |  | | |
| 3 | |  | |  | |  | |  | | |
| 4 | |  | |  | |  | |  | | |
| 5 | |  | |  | |  | |  | | |
| 6 | |  | |  | |  | |  | | |
| 7 | |  | |  | |  | |  | | |
| 8 | |  | |  | |  | |  | | |
| **BADGE OPTION** Badges will not be posted if postage not included in order | | | | | | | | | | |
| A @ $9.00 Standard badge with pin back | | | | | | | $ | | | |
| B @ $10.00 Plastic Alligator Clip with safety pin | | | | | | | $ | | | |
| C @ $12.00 Magnetic clip (no pins) | | | | | | | $ | | | |
| **CLUB EXECUTIVE BADGES** | | | | | | |  | | | |
| Single: (circle type requires) PRES VPE VPM VPPR SEC TREAS SAA **@ $5.00** EACH | | | | | | | $ | | | |
| Full Set of 7 executive badges $27.00 | | | | | | | $ | | | |
| Postage and Handling Pack up to 4 badges $5.00 | | | | | | | $ | | | |
| Postage and Handling 5-8 badges $7.00 | | | | | | | $ | | | |
| Postage & Handling 9 to 20 badges $12.00 | | | | | | | $ | | | |
| Greater than 20 badges- parcel rates will apply. TOTAL | | | | | | | $ | | | |
| **PAYMENT or pay online using CLUB NAME as payment reference to Jennifer Owens ANZ BSB 014 228 ACCOUNT No. 324726254**  **or by credit card below. Please quote invoice number or club as reference in payment** | | | | | | | | | | |
| **PLEASE NOTE Direct Deposit orders will not be processes until payment confirmed** | | | | | | | | | | |
| **Charge my Mastercard** ☐ **Visa** ☐ **(no American Express)** | | | | | | | | | | |
| **Credit Card Number EXPIRY DATE CVV** | | | | | | | | | | |
| **CVV Last 3 numbers on back of card. Your payment cannot be processed without CVV number** | | | | | | | | | | |
| **Card Holders Name :** | | | | | | | | | | |
| **Amount Authorised Card Holders Signature**  **Date order required by: Pick up personally** ☐ **or postage** ☐  **Price increases will apply from 1.10.2023 FORM UPDATED 16.12 .2023** | | | | | | | | | | |