|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All enquiries to  **Jenny Owens** 14 Spencer Avenue Deception Bay QLD 4508  Email: [gojonamebadges@gmail.com](mailto:gojonamebadges@gmail.com) Phone: 0415416812  **ABN 93927449514 GOJO Badge Order Form** | | | | | | | | | |
| \*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 @ $8.50 Standard badge with pin back | | | | | | | $ | | |
| B @ $9.00 Plastic Alligator Clip with safety pin | | | | | | | $ | | |
| C @ $10.00 Magnetic clip (no pins) | | | | | | | $ | | |
| **CLUB EXECUTIVE BADGES** | | | | | | |  | | |
| Single: (circle type requires) PRES VPE VPM VPPR SEC TREAS SAA @ $4.00 EACH | | | | | | | $ | | |
| Full Set of 7 executive badges $26.00 | | | | | | | $ | | |
| Postage and Handling Pack up to 4 badges $4.00 | | | | | | | $ | | |
| Postage and Handling 5-8 badges $6.00 | | | | | | | $ | | |
| Postage & Handling > 8 badges $10.00 | | | | | | | $ | | |
| 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 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** | | | | | | | | | |