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ABN: 91 905 251 034

2012 Replacement Card Order Form

LICENCE NUMBER: _____

Last Name: _____

First Name: _____

Address: _____

Suburb: _____

State: _____

Postcode _____

Telephone: _____

Mobile: _____

E-mail: _____

A \$15.00 fee applies for the issue of a replacement Membership card. The non-refundable fee can be paid by MasterCard or Visa.

Payment Method. Mastercard Visa

Card number:

Expiry date: / Name on card: _____

Signature: _____

Date: _____

**RETURN ORDER by mail: BMX Australia at PO BOX 6310, Alexandria NSW 2015,
fax: 02 9339 5888 or email: membership@cyclimg.org.au**

Please allow 14 working days for processing after your order is received.

BMX OFFICE USE ONLY

Date received:

Date processed: