

CANINE CONTROL COUNCIL (QLD) CREDIT CARD PAYMENTS

MASTERCARD VISA CARD (TICK ONE BOX)

MEMBERSHIP No.: _____ NAME ON CARD:

CARD No.: _____ - _____ - _____ - _____ CARD EXPIRY DATE: ____ / ____

AMOUNT: \$ CARDHOLDER'S PHONE No.: _____

CARDHOLDER'S SIGNATURE: _____ DATE: ____ / ____ / 20__

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