



## FUNDRAISER REGISTRATION FORM

**To participate in this fundraiser, each organisation must complete this form, have it signed by an authorised person and return it to the address or email below.**

Organisation Name: .....

Postal Address: .....

.....

Email Address: .....

(where we can send reports on sales, updated posters, flyers etc)

Contact Officer Name: .....

Contact Officer Email: .....

Contact Officer Phone No: (.....).....

**Bank account details so that we can make EFT donations at the end of each month**

Bank Account Name: .....

BSB: .....

Account Number: .....

***I hereby confirm that I am authorised to register my organisation (name above) to participate in the MyCard Protector fundraiser:***

Authorised Person's Name: .....

Position: .....

Signature: .....

Date: ...../...../2018

Email completed forms to: [admin@mycardprotector.com.au](mailto:admin@mycardprotector.com.au)

**Or post to: MyCard Protector Administrator  
GGJC Pty Ltd  
103/222 City Walk  
CANBERRA CITY ACT 2601**