

School of Philosophy - Enrolment Form

Name: (Mr, Mrs, Ms, Miss, Master, Dr) _____
First Name Surname

Address: _____

Suburb: _____ **Pcode:** _____

Contact Numbers: (Home) _____ (Work) _____
 (Mobile) _____ (Fax) _____

Email: _____

Where did you hear about the Course?

Wednesday's West Australian Friends/Relations Our Brochure Email
 Saturday's West Australian WebSite School Member Other

Please fax completed form to (08) 9300 0558

Credit Card Payment—School of Philosophy Enrolment.													
Please debit my credit card for the amount below, being payment for: _____													
<input type="checkbox"/> Bankcard				<input type="checkbox"/> Mastercard				<input type="checkbox"/> Visa					
Expiry Date: _____/_____/_____ Signature: _____ Amount:\$ _____													

Payment Instructions

1. **Credit card over the phone, please call **9379 8073** and speak to Dianne.**
2. **Credit card fax/mail, please complete the Credit Card Payment form above and fax to **9300 0558** or,**
3. **Internet Banking** to the School of Philosophy, **BSB: 016 255 Acct: 100324352** please put **“Enrolment surname”** in the description/reference field and fax transaction record together with this completed form to:
- 4.

Fax: 9300 0558