

OFFICE USE ONLY

Member Number	Date Received	Date Confirmed	Confirmed By
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT TO COMPLETE

MEMBER DETAILS

Surname: Given Names: Mr Mrs Ms Miss

Partner Surname: Given Names: Mr Mrs Ms Miss

CONTACT DETAILS

Residential Address: Postcode:

Postal Address: (If different from above) Postcode:

Qualifying Ambassador Club Property Address: Postcode:

Home Phone: Work Phone: Mobile:

Fax: Email:

Which address would you prefer information and correspondence to be sent: (Please tick one)

Home address Postal Address Email Address

SIGNATURE

I acknowledge that I have read the terms and conditions of membership



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 GEO Property Trust ARSN 104 482 206 (Trust)
 AFSL no 304 866