

**TAKE RESPONSIBILITY FOR THE PROTECTION OF THE FITNESS INDUSTRY. COMPLETE THIS FORM TODAY.**

**PROFORMA TAX INVOICE**

ABN: 51 131 422 403

<p><b>ALL FITNESS BUSINESS OPERATORS HAVE A RESPONSIBILITY TO CONTRIBUTE TO OPERATION M.U.S.I.C.</b></p>	Total contribution to Operation M.U.S.I.C	
		\$
	GST	\$
	TOTAL INC. GST	\$

**PPCA Tariff Calculator**

Calculate your PPCA tariff – what you can expect to pay if the PPCA win:	Number of Members	PPCA Tariff per Month	Number of Months	Total estimated annual PPCA Tariff
		X \$4.54 per member X	12	= \$

**REMITTANCE ADVICE**

**Contact Details**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Phone:(W)(\_\_\_\_) \_\_\_\_\_ (M)(\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAYMENT DETAILS**

Complete your form today and either fax back to (02) 8338 3033 or mail to Operation M.U.S.I.C., PO Box 6453 SSCP, ALEXANDRIA NSW 2015

I wish to pay using:

- Cheque (Please make cheques payable to: 'Operation M.U.S.I.C')  Credit Card (Complete section below)

CREDIT CARD DETAILS: Please charge payment to my:  VISA  Bankcard  Mastercard Amount:\$ \_\_\_\_\_

Card number:

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's name: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_

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