



"YOUR SUCCESS" DVD Training Library Membership Form

Subscriber's Details...

Date: ____ / ____ / ____

Mr / Mrs / Miss / Ms / Dr / Other: _____

First Name: _____ Surname: _____

Occupational Title: _____

Company Name: _____

Company Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

EMAIL: _____ Website: _____

Name of second contact person: _____

Mailing Address: _____

I would like to invest in...

Authorised By: _____

One 12 Month Membership @ \$990 (GST inclusive) Investment \$ _____
With unlimited use of The DVD Training Library*
(* Maximum of four programs out in any two weeks)

DVD Training Library Workbooks @ \$220(GST inclusive) Investment \$ _____
(Available to about 30% of titles)

TOTAL INVESTMENT \$ _____
(GST inclusive)

Method of Payment...

Invoice my account Charge my: Visa / Diners / Amex / Master Card / Bankcard

Card Number: _____

Full Name on Card: _____ Expiry Date: ____ / ____

Signature: _____

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	MEMBERSHIP NUMBER	PAYMENT DATE:
<input type="checkbox"/> RENEWED	M ____	____ / ____ / ____

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