



PANiC Membership Form

Name: _____
(Given Names) (Surname)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (____) _____

Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____
dd mm yyyy

Signature: _____ Date: ____ / ____ / ____
dd mm yyyy

Membership costs \$15 per person and is valid for 3 years. This entitles the holder to discounted door entry at the Convention, as well as members' entry prices to selected PANiC events.

OFFICIAL USE ONLY

Signature of Board Member: _____ Processed: ____ / ____ / ____
dd mm yyyy

Membership Number