



MEMBERSHIP NEW / RENEWAL

NAME: NEW / RENEWAL FEE: **\$260.00AUD**

SENATORS CLUB MEMBERSHIP NUMBER: EXPIRY DATE:

- Yes, I would like to join Stamford Senators Club**
 Yes, I WOULD LIKE TO RENEW MY STAMFORD SENATORS CLUB MEMBERSHIP FOR 12 MONTHS
 No, I WOULD NOT LIKE TO RENEW MY STAMFORD SENATORS CLUB

IF **YES**, PLEASE INDICATE THE PAYMENT TYPE:

- CHEQUE, AS ATTACHED CREDIT CARD – COMPLETE DETAILS BELOW MONEY ORDER

I AUTHORISE STAMFORD HOTELS & RESORTS TO CHARGE MY CREDIT CARD FOR THE AMOUNT OF \$260.00,
FOR PAYMENT OF STAMFORD SENATORS CLUB 12-MONTH MEMBERSHIP.
PLEASE COMPLETE CREDIT CARD DETAILS.

CREDIT CARD DETAILS

CARDHOLDER NAME:	
CREDIT CARD NUMBER:	
CREDIT CARD TYPE:	CREDIT CARD EXPIRY DATE: /
CARDHOLDER SIGNATURE:	DATE OF AUTHORITY:
GENERAL INFORMATION:	
POSTAL ADDRESS:	
DAY TIME TELEPHONE:	E-MAIL:
MOBILE:	
DATE OF BIRTH: DAY/MONTH /	

NEW MEMBERS, HOW DID YOU HEAR ABOUT STAMFORD SENATORS CLUB? (PLEASE CIRCLE)

- WEBSITE REFERRAL FLYER HOTEL

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF MEMBERSHIP (CAN BE FOUND ON WWW.STAMFORD.COM.AU)

PLEASE FAX THIS AUTHORISATION TO FACSIMILE +61 (02) 9770 7787
Or post to PO Box 145 Rosebery, NSW 1445 Australia
CHEQUES PAYABLE TO STAMFORD HOTELS AND RESORTS

For administration and enquiries please contact below.
Australia 1300 301 391 New Zealand 0508 658 888 SENATORSCLUB@STAMFORD.COM.AU

STAMFORD HOTELS & RESORTS OFFICE USE ONLY

DATE DESPATCHED:	PROCESSED:
CARD ORDER:	VOUCHER BOOK ID: