



Rostrevor Old Collegians' Association

Rostrevor College
Glen Stuart Road
WOODFORDE SA 5072
Tel: 8364 8200 Fax: 8364 8396
Email: roca@rostrevor.sa.edu.au

Name: _____ Date of Birth: _____

Address: _____

Phone Home: _____ Mobile: _____

Email: _____

Left Year Level: _____ Calendar Year: _____ Class Of: _____
 [If left before Year12, 'Class Of' reflects the calendar year you would have completed Year 12 had you not left]

| Item | Qty | Unit Cost | Total |
|---|-----|-----------|-------|
| ROCA Life Membership (Tie, Rostrevor Story, Red & Black Magazine Life Subscription) | | \$350.00 | \$ |
| ROCA Life Membership (Quarterly payment by Credit Card Authority only) | | \$87.50 | \$ |
| ROCA Annual Subscription | | \$35.00 | \$ |
| Please deliver my subscription of the Magazine via: <input type="checkbox"/> Post <input type="checkbox"/> Electronically | | | |
| ROCA Tie (Only) | | \$35.00 | \$ |
| Rostrevor Story by Br J.V. Bourke (Only) | | \$35.00 | \$ |
| Balance | | | |
| | | | \$ |

CREDIT CARD DETAILS

MasterCard Visa

Card Number

Expiry Date /..... CCV: Amount \$.....

Name on Card (please print)

Signature

I hereby authorise quarterly payment deductions for Life Membership Initial Here

PAYMENT
 Cheques to be made payable to Rostrevor Old Collegians' Inc.

IF PAYMENT IS FOR MORE THAN ONE PERSON, PLEASE PROVIDE OTHER NAMES

Name: _____ Graduating Year _____
 Contact Phone: _____ Email: _____

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 Contact Phone: _____ Email: _____

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 Contact Phone: _____ Email: _____