

Subscription Form

Crocodile Specialist Group Newsletter

Family Name: _____

Given Names: _____

Postal Address:

Street/PO Box: _____

State/Province: _____

City: _____

Country: _____ Zip/Postcode: _____

E-mail: _____

I am a **CURRENT** subscriber: []

I am a **NEW** subscriber: []

PAYMENT CAN BE MADE BY:

Credit Card (\$AUD55): Visa Mastercard Diners American Express

Card No.: _____ Expiry Date: _____

3-digit Verification No. (on back of Visa, Mastercard & Diners cards): _____

OR

4-digit Verification No. (on front of American Express cards): _____

Cardholder Signature: _____

Bank Transfer (\$AUD55):

Account Name: Crocodile Specialist Group

Bank: Australia and New Zealand Banking Group Ltd. (ANZ)

Address: Cnr. Albatross & Catterhun Streets, Winnellie, NT, 0820, Australia

BSB No.: 015-941

Account Number: 9075-14907

Swift Code: ANZBAU3M

Cheque (\$AUD55 or \$USD40):

Made out to "Crocodile Specialist Group"

(This is not a preferred method of payment, as banks charges are high).

Mail form to: Crocodile Specialist Group, PO Box 530, Sanderson, NT, 0813, Australia; or

Fax form to: (61) 8 89470678, or

E-mail form to: csg@wmi.com.au