



AUDIT BUREAU
OF CIRCULATIONS



CIRCULATIONS
AUDIT BOARD

Membership Application - Subscriber

I hereby apply for **Subscriber** membership to the:

Audit Bureau of Circulations (ABC) and/or Circulations Audit Board (CAB)

I confirm that the organisation named below will be responsible for the renewal of the applicable annual membership fee in July each year.

When elected to the membership, I agree to abide by the Rules and to observe the By-Laws, Rules and Regulations governing the working of the bureaux which have been and will be laid down by the Committees and Boards from time to time.

Company Details:

Company name: _____

Address: _____

Postcode _____

Phone: _____ Fax: _____

Website: _____

ABN No: _____

Company Contact:

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Name: _____ Date: _____

Invoice Contact:

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Payment Details:

Enclosed is our cheque for membership from June 1, 2010 to June 30, 2011 for

\$1,148.40 for ABC and CAB \$653.40 for ABC \$495.00 for CAB

Or please charge my Mastercard Visa the amount of

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Expiry Date:/..... Name on Card:

Signature: