

MEMBERSHIP FORM

Your Last Name: Your First Name:	pership \$60 per year
	Postcode:
Contact Phone: Contact Email:	
I enclose a chequ	ue for \$60 payable to PixelED
	OR
School Name: Contact Name: Contact Address: Contact Phone: _	on Membership \$100 per year Postcode:
·	O payable to PixeIED is enclosed or enclosed invoice.

Please mail the completed form to:
PixeIED
PO Box 477
Clifton Hill 3068

Thankyou for supporting

