



APBA Licence Application Form

First Name _____ Surname _____ Title _____

Parish/Organisation _____

Street Address _____

Suburb _____ State _____ Postcode _____

Email address _____
office or accounts

Phone Number _____ Diocese: _____

The licence fee that you pay is based on the average number of people that attend your Sunday services.

Please select the category that applies to your Parish:

- Parishes with up to 50 people- \$50 Parishes between 100-200 people - \$125
 Parishes with between 50-100 people - \$100 Parishes with over 200 people - \$150

Direct Debit Request

I agree to and authorise the requested amount to be debited from my/our account.

Account Name _____

BSB Number _____ Account Number _____

Signatory 1 name _____ Signatory 2 name _____
Please print if applicable

Signature 1 _____ Signature 2 _____

Credit Card Authorisation

I agree to the requested amount being debited from my card.

Type of Card VISA Mastercard _____

Name on Card _____

Card Number _____ Card Expiry _____ / _____

Cardholder Signature: _____

Invoice Request

- Please send an invoice so that we can pay via direct debit

*Please mail completed form to Private Bag 400 Mulgrave VIC 3170
You may also fax it to us at 03 8545 2922 or scan and email it back to
eprayaccounts@broughtonpublishing.com.au*