



Have your contact details changed?

If so, please include any changes on this form so that you're always receiving up-to-date information from us.

MEMBER NAME:	
MEMBER DETAILS:	ABN: ACN:
STREET ADDRESS:	
POSTAL ADDRESS: (if different to physical)	
CONTACT PERSON #1:	NAME: PHONE NUMBER: EMAIL:
CONTACT PERSON #2:	NAME: PHONE NUMBER: EMAIL:

Once this form is completed please send it to canberra@mba.org.au.

Alternatively, you can drop it at reception at 1 Iron Knob Street, Fyshwick, or mail it to PO Box 1211, Fyshwick ACT 2609.