CYCA Medical Management for Mariners Course Enrolment Form

MEMBER'S NAME: _____

CYCA MEMBERSHIP #: _____ COURSE DATE: _____

POSTAL ADDRESS: _____

_____

EMAIL: _____

PHONE #: _____

APPLY FIRST AID CERTIFICATE #: _____ EXP DATE: _____

PAYMENT METHOD

COURSE COSTS: **CYCA MEMBER: $600.00** **NON MEMBER: $650.00**

TO BE DEBITED FROM MY CYCA MEMBERSHIP ACCOUNT: _____

TO BE DEBITED FROM MY CREDIT CARD:
Please note a 2% fee is charged on all cards for amounts exceeding $500

VISA ☐ MASTER ☐ DINERS ☐ AMEX ☐

CARD NUMBER: _____

EXPIRY DATE: _____ AMEX /CVN _____

CARD NAME: _____

SIGNATURE: _____

Acting as agent for St Vincents Hospital

ST VINCENT'S HOSPITAL
SYDNEY
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA