Family Order Form

"What I'd Like You To Know About Me"
www.aboutme.org.au

Order Date: _____ Name : _____

Postal Address: _____ P/Code: .....

Ph. Number: _____ Mobile: _____

Fax Number: _____ Email: _____

What service providers do you use? _____

How did you hear about this resource? INTERNET ☐ WORD OF MOUTH ☐ ORGANISATION ☐ OTHER

Please note that the one off fee of $50.00 covers all children with a disability who belong within the one family unit.

Resource	Quantity	Cost per Item	TOTAL
Family Licence		$50.00 (inc GST)	
Comprehensive Training Manual		$25.00 (inc GST + P&H)	
		TOTAL COST	

Name of Child / Children	Relationship to Child	Date of Birth	Age 0-6	Age 6-12	Age 12-18	Age 18+
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Security Information *Note: this information will be used to confirm your identity if your password needs changing DOB: _____

Secret Question: _____

Answer: _____

Office use only:	
Payment processed on:	Receipt sent:
Logon created:	Order confirmation sent:

PAYMENT DETAILS

☐ My Cash/Cheque/Postal Order for $ _____ is enclosed. *(Cheques Payable to: Life's for Living Inc.)*

☐ Credit Card payment *(please complete information below)* Please debit my: MasterCard ☐ Visa ☐

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ____/____

Cardholder's Name (Please Print Clearly): _____

3 Digit Security Code *(found on the back of your card)* _____ Amount to Pay: _____

Cardholder's Signature: _____ A Tax Invoice will be issued upon receipt of payment

An innovation of
FOR PEOPLE WITH DISABILITIES LIFE'S FOR LIVING INC.
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