



NOTICEBOARD ADVERTISING BOOKING FORM

Business Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Contact Person: _____

Type of Ad:

Agent Wanted:

Agencies Wanted:

For Rent:

For Sale:

Other (please specify): _____

Text of Advertisement: (30 words maximum)

* Please note your ad will appear for a period of one month from the date it is posted on the GHA website

Please fax (02) 9746 9955 or send this form to the attention of:

Mark Dowse, GHA
Locked Bag 103
Silverwater, NSW 1811



NOTICEBOARD ADVERTISING PAYMENT FORM

Please note: This service is free-of-charge to GHA members.

Name: _____

Address: _____

Credit Card Payment Information

Company Name: _____

Amount: \$110.00

Amex:

MasterCard:

Visa:

Card Number: _____

Name of Cardholder: _____

Expiry Date: ____/____

Signature of Cardholder: _____

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Mark Dowse, GHA
Locked Bag 103
Silverwater, NSW 1811