

ENROLMENT FORM

Essential Astrology Course

Please complete this form and post together with your payment to:

P O Box 291 Greenock S A 5360

or email to

astromundi@internode.on.net

Consult the Astro Mundi Course Guide for detailed information on each Unit available at

www.astromundi.com

All classes have specific times and dates (please consult the on-line calendar at

<http://astromundi.com/calendar.html>).

All students are provided with tutor support and receive a copy of all Unit lectures via download links.

*** First Class for Astrology 101 – 6:00pm (ACDT), Tuesday 22 February 2022**

*** First Class for Astrology 201 – 6:00pm (ACDT), Thursday 24 February 2022**

**Please Note: All enrolled students will be notified should there be any changes to these dates.*

ABOUT YOU

NAME

ADDRESS

TOWN/SUBURB

POSTCODE

TELEPHONE

HOME

WORK

EMAIL

BIRTH DATA

This information is confidential and will only be used to generate your horoscope for study purposes.

DATE OF BIRTH

DD

MM

YY

TIME OF BIRTH

AM / PM

PLACE OF BIRTH

TOWN/CITY

COUNTRY

If you do not know your birth time you may have to contact the hospital or look through family records. Use an approximate birth time until you do so.

COURSES & FEES

Please tick (✓) your selection

All prices include GST

Astrology 101

Astrology 102

Astrology 201

Astrology 202

Fees paid at the beginning of each Unit

\$790

TOTAL Fees PAYABLE for every Unit (*Fees payable one Unit at a time*)

\$790

PAYMENT OPTIONS

A **\$290** deposit secures your enrolment and the balance of fees can be paid **ON** or **BEFORE** the first class of the Unit.

You may pay your fees in **INSTALMENTS** with an **INITIAL PAYMENT** of **\$290** with two further payments of \$250 in week 3 and week 6.

Please note that all outstanding fees must be paid before the end of the Unit. Astro Mundi reserves the right to decline enrolments where fees are outstanding from a previous Unit.

YOUR ENROLMENT & PAYMENT DETAILS

Please enrol me as a student in the Essential Astrology Course and I accept the conditions of this enrolment.

I enclose a total of \$ _____

CASH

CREDIT CARD

CHEQUE

MONEY ORDER

*ELECTRONIC FUNDS TRANSFER

*EFT INFORMATION: BSB 065 520 ACCOUNT NUMBER: 1006 7976 ACCOUNT NAME: ASTRO MUNDI

CREDIT CARD NUMBER

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PLEASE CIRCLE CARD TYPE:

VISA



MASTERCARD



AMERICAN EXPRESS

EXPIRY DATE

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CVV

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PLEASE MAKE ALL CHEQUES/MONEY ORDERS PAYABLE TO **ASTRO MUNDI**

PLEASE SEND PAYMENT INFORMATION (EFT NOTIFICATION) AND COMPLETED ENROLMENT FORM TO
astromundi@internode.on.net OR BY POST TO ASTRO MUNDI P O Box 291 GREENOCK SA 5360 AUSTRALIA

SIGNATURE

DATE
