

# CAL's licence schemes – extend your participation

**Membership name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Email:** \_\_\_\_\_

Telephone (landline): \_\_\_\_\_ Mobile: \_\_\_\_\_

CAL Member number (Recipient ID) if known: \_\_\_\_\_

## Please tick one or both of the boxes below to extend your participation

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**Signed by me:** \_\_\_\_\_