

Association of Civil Marriage Celebrants of NSW & ACT Inc.

Registered No. Y1861513

MEMBERSHIP APPLICATION / RENEWAL FORM

Family Name: _____

Given Names: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____

Mobile: _____

E-mail: _____

Web page: _____

What other language spoken: _____

**** PLEASE PRINT CLEARLY DEFINED CHARACTERS IN YOUR EMAIL & WEB PAGE ADDRESSES ****

Please tick the appropriate box below.

FULL Membership (Registered)

Registration No: **A** _____

RENEWAL of Membership

Registration No: **N** _____

STUDENT Membership (Awaiting Registration)

EXISTING MEMBER or **NEW MEMBER**

May your contact details be given to other celebrants and/or couples?

YES

NO

Signature: _____

Date: ____/____/____

MEMBERSHIP FEES: from 1 April to 31 March
FULL / RENEWAL Membership \$145 per annum
STUDENT Membership \$72.50 per annum

Please make cheque / money order payable to: **Association of Civil Marriage Celebrants of NSW & ACT Inc.** and return it with this form to: The Treasurer, Ms Jan Bastick, 1 Lamont Close, Kellyville, NSW 2155
Or pay direct to our account with Westpac, BSB 032 111 Acc. 203296

Office Use Only

Cash Cheque Money Order Deposit

Amount Received: \$ _____

Receipt No: _____

Date: ____/____/____

Signature: _____