

MEMBERSHIP APPLICATION / RENEWAL FORM

Family Name: _____

Given Names: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Facsimile: _____

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**

By signing this Application Form you agree to be bound by the Constitution of Association of Civil Marriage Celebrants of NSW & ACT Inc.

Signature: _____ **Date:** ____ / ____ / ____

MEMBERSHIP FEES: from 1 April to 31 March
FULL / RENEWAL Membership \$140 per annum
STUDENT Membership \$70 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

Office Use Only

Cash **Cheque** _____ **Money Order** _____

(Cheque number)

(Money Order number)

Amount Received: \$ _____ **Receipt No:** _____

Date: ____ / ____ / ____ **Signature:** _____