

## APPLICATION FOR **MEMBERSHIP**

Nama		(places print)
		(please print)
Address		(street address)
		(postcode)
I would like to beco	ome a member of <b>CE</b>	LEBRANTS AUSTRALIA Inc.
Trading name (if applicable	e):	
CMC No. (if applicable) Date appointed		
Celebrancy qualification/	s: Course, Provider	and Date. <i>Copy MUST be provided.</i>
Home phone:	Bus: phoi	ne:
Mobile no	Email:	
Web site:		
<ul> <li>I agree to support and as amended from time</li> <li>I hereby give permissio on its web site. (Clearl</li> <li>I allow the provision of public. (Clearly delete</li> <li>I understand that the a</li> </ul>	to time. In for the Association to lis In strike out as appropri In contact details in resp In in appropriate)	-Laws of the Association and Code of Ethics, t my name / email address / phone number ate) onse to ceremony enquiries from the general d in the event my application is unsuccessful
Signature:		Date:
	ON FOR MEMBERSH Annual Fee: \$70.00	IP - PAYMENT ADVICE (per calendar year)
	nity and Public Liabil rship inclusion for an	ity Insurance is available as an additional <b>\$40.00</b>
member's first subscription:	,	wing pro rata payments are acceptable for a
a. Between 1 April and 30	June inclusive \$55.00	(\$85.00 insured option)

## **Payment options:**

Cheque payable to **Celebrants Australia Inc**.

(\$30.00 insured option)

b. Between 1 July and 30 September inclusive \$35.00 (\$55.00 insured option)

c. Between 1 October and 31 December \$20.00

Direct deposit: Bendigo Bank A/c name: Celebrants Australia Inc. BSB: **633-000** A/c no.: **151477619** AMOUNT PAID: \$

(please state your name on the deposit)

Applications cannot be processed until payment is identified with the application

## Please mail or email completed application to:

Treasurer, Celebrants Australia Inc., 4 Petal Court, South Morang, 3752 email form to: treasurer@celebrantsaustralia.asn.au