Association of Civil Marriage Celebrants of NSW & ACT Inc.
Registered No. Y1861513
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** ☐

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

MEMBERSHIP FEES: **from 1 July to 30 June**
FULL / RENEWAL Membership $110 per annum
STUDENT Membership $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, 81 Greenbank Drive, Glenhaven, NSW 2156

Office Use Only

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

(Cheque number) *(Money Order number)*

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

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