



ABN 79 623 300 580

2010/2011 ACA Membership Application

One year membership to 30 June 2011

Single: \$20.00

Family: \$30.00

Definition:

- Must be immediate family
- Must be living at the same address
- Children family members must be fully supported by parents
- A couple is determined to be two people who are in a relationship regardless of gender
- Leaders must be members in their own right

*IT IS IMPORTANT FOR US TO RECORD YOUR DETAILS CORRECTLY IN OUR MEMBERSHIP DATABASE SO PLEASE ASSIST US BY **PRINTING** CLEARLY. REMEMBER TO ADVISE ANY CHANGE OF ADDRESS OR CONTACT DETAILS.*

Name(s) _____

Address _____

State

Postcode

Phone Number () _____

Mobile _____ Other _____

Email _____

Would you like to receive your ACA newsletter electronically? **YES/NO** (Circle One)

Membership Type: **Leader/Club Member/Individual** (Circle one that applies to you)

Name of Club(s) _____
(if applicable)

There are 3 options for payment.

1. Cheque / money order made payable to **Australian Clogging Association Inc.,
PO Box 214, Curtin. ACT. 2605**

2. Direct deposit or bank transfer to the ACA's bank account.
Commonwealth Bank of Australia – BSB **062139** – Account Number **10085313**

Date of Deposit _____ Receipt Number _____

3. Credit Card payment – **Visa** or **Mastercard** only. Please complete details below.

CREDIT CARD PAYMENTS Visa / Mastercard (Please indicate type.)

Card Number

Expiry Date / Name on Card _____

Cardholder's Signature _____

Please return this form with your cheque / money order, bank deposit details or credit card details to the address at the top. Do not send cash through the post.

(**Note:** If receipt required please provide stamped self addressed envelope)

OFFICE USE ONLY: DATE RECEIVED: _____ **CASH UPDATED:** _____ **MEMBERSHIP UPDATED:** _____