

Membership Application Form

Details of members

Please complete a separate section below for each member.

Family name

Given names

Unit, level, or PO Box number

Street number and Street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

In the event of my admission as a member, I agree to be bound by the rules and provision of CCA New South Wales Ltd. constitution for the time being in force, One off registration fee of \$10 and acknowledge that I have read and understood the summary of membership responsibilities.

Membership Fee Payment Method:

- Credit Card: contact us on 9858 3222 Monday to Friday between 9am and 5pm.
- Cheque: to 'CCA New South Wales Ltd.' and post to 12 Lakeside Road Eastwood NSW 2122
- In person: visit our office at 12 Lakeside Road Eastwood Monday to Friday between 9am and 5pm with cash or credit card.
- Direct Deposit: Acc. Name: CCA New South Wales Ltd.
BSB: 633 000 Account No: 150 254 514
Reference: Your full name - Membership

Signature of Applicant

Date

