



# Australian Clogging Association Inc

## Application for Membership

I, the person described below, hereby apply to become a member of the Australian Clogging Association Incorporated. I understand that payment of the required fee is due immediately on submission of this application. In the event of my admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

PLEASE SEND COMPLETED APPLICATION TO:

Australian Clogging Association Inc  
 PO Box 775 C0667, Cherrybrook NSW 2126  
 membership@cloggingaustralia.com

The membership year is 1 July to 30 June, regardless of when you join. All rates are annual, there is no pro rata reduction for part years. New memberships approved after 1 January will be current to 30 June of the following year.

Except for Junior applicants, providing your DOB is optional for all applicants. Juniors must give the full birthdate including year. Other applicants may leave this out altogether, but they are encouraged to at least show the day and month, so we can celebrate your birthday.

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Preferred Name\* \_\_\_\_\_ (only if different to your first name)

Street Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Postcode

State    Date of birth (dd/mm/yy)\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Your ACA Newsletter and all notifications will be distributed electronically unless otherwise advised.  
 If not viable, please tick this box to receive hardcopy Newsletters.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am a member of the following clogging clubs \_\_\_\_\_

\* Where applicable, please provide family member information overleaf, for all fields with an asterisk.

Membership Rates	\$20.00	Single	Total paid \$ <input type="text"/> . <input type="text"/> <input type="text"/>
	\$30.00	Family	
	\$10.00	Junior - must be under 18 on 1 July	

### Payment Method

Direct Deposit (preferred) Commonwealth Bank BSB 062139 Account 10085313 Ref: Name

Credit Card Complete details below for Visa or Mastercard only

Cheque Make cheques payable to *Australian Clogging Association Inc*

**CREDIT CARD PAYMENTS** Visa / Mastercard (Please indicate type) Security Code

Card Number

Expiry Date   /   Name on card \_\_\_\_\_

Privacy Policy: The ACA collects your personal information for the purpose of administering your membership. The information collected is limited to that shown in the above form. Your information is kept in secured databases. The ACA does not collect or save credit card or bank account information. The ACA transmits regular newsletters and occasional communications to your email or postal address.