

ABN 90 059 264 630

INVOICE NUMBER: 20/24

Membership Form - 2024 (1st Jan - 31st Dec)

I,			
	(Full Name of Applican	t)	
of			
	(Address)		
	P/C hereby apply	to become a member	of the
	Example 2.2 Description Association Incorpora the time being in force.	nted. I agree to be bou	and by the rules
(Signature of applican	t)		
(Date)		W A	(Mahila)
Pnone:	(H)((W)	(MODIIe)
Fax:	Email:		
Special Interests:			
Professional Qualification	ations:		
Membership Fee:	Students Associate Membership: Individual Membership: Corporate Membership: (School, College etc)	\$20 \$40 \$100	

*Syllabuses can be downloaded from the website

Extra copies of the Syllabuses may be purchased for \$10 each.

Extra sets of exam papers cost \$5

*Please make cheques payable to ASCA.

***Send completed form to: Mrs Susanne Harrison, ASCA Membership Secretary, PO Box 322, Manly, NSW, 2095. OR Deposit CBA BSB 062229 Account Number 00131200. The centre or teacher's name should appear in the 'description box'.