

Membership Application Form

Please choose one of the options below:

- I am a current financial member of AfCAS and wish to submit nominations for membership.
- I, being the applicant named on this application for membership would like to join the Association for Culturally Appropriate Services (AfCAS) Incorporated (an association incorporated in WA, IARN A1023320R) and hereby agree, if admitted to membership, to be bound by the Rules and Articles of AfCAS Incorporated for the time being in force and hereby authorise my name to be placed in the Register of Members. I agree to submitting the names of two (2) referees, one (1) work and one (1) character referee. I also agree to act as the work referee for any members I nominate on this form.

DETAILS

<p>1. Name:</p> <p>Date of Birth:</p> <p>Position:</p> <p>Organisation:</p> <p>Postal Address:</p> <p>Email:</p> <p>Phone: (work)</p> <p>Mobile:</p> <p>Referee 1</p>	<p>MEMBERSHIP STRUCTURE</p> <p>Fee: \$50.</p> <p><input type="checkbox"/> I would also like to nominate additional members from my organisation:</p> <p><input type="checkbox"/> Organisation with up to 200 employees are required to nominate 5 individuals and will be invoiced for 5 individuals</p> <p><input type="checkbox"/> Organisation with more than 200 are required to nominate 10 individuals and will be invoiced for 10 individuals</p> <p>OR AfCAS Member No.</p>
<p>Referee 2</p>	

NOMINEES

	NAME	POSITION	EMAIL	REFEREE (Character)	SIGNATURE
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PAYMENT METHOD

Total Number of Members: @ \$50pp **Total Amount Owning: \$**

I request an invoice for payment of joining fees to be emailed to: **Email:**

APPLICANT(S): I / We acknowledge and accept the Terms and Conditions of Membership which are available to me / us on application from AfCAS Inc.

Signature of Applicant: **Date:**

Complete this form, sign, & email to: info@afcas.net
Or post to: AfCAS Secretary, c/- Mary Gurgone, 544 William St, Mt Lawley W.A. 6050

Your membership details will be issued once your membership has been accepted by the Management Committee.

PRIVACY DISCLAIMER – The collection of these details is primarily used to register you as a member of AfCAS. This information will be stored in the AfCAS database and may be used for future marketing of AfCAS events. If you do not wish your details to be made available,

The logo for AfcAS, featuring the letters 'AfcAS' in white on a blue rectangular background.

Association for Culturally Appropriate Services (AfcAS)

IARN: A I 023320R

please tick this box . If you do not tick the box, then AfcAS will consider that the individuals completing this form consent to their personal details being used in the manner indicated.