

Application Form

**Denotes required field*

Title:	First Name*:	Surname*:
School/Institution:		
School/Institution Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
Private Address*:		
Suburb*:	State*:	Postcode*:
Phone*:	Email*:	
Preferred Address:	<input type="checkbox"/> School/Institution Address	<input type="checkbox"/> Private Address

Membership Type

<input type="checkbox"/> Standard/Individual Membership \$17
<input type="checkbox"/> Teacher Leader \$15.50
<input type="checkbox"/> Student Membership \$7.50
<input type="checkbox"/> Retired Membership \$7.50

Monthly Fee

TAX INVOICE ABN 75 132 672 416 <i>All amounts are GST inclusive. All rates are quoted in AUD.</i>
TERMS & CONDITIONS: By signing this ACEL credit card direct debit request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between ACEL and I, as set out in the Terms and Conditions available at www.ancel.org.au

Payment Details

<input type="checkbox"/> Master Card	Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Visa	Expiry Date (MM/YY)	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Please tick here if you require an invoice to be sent to the email noted above so that payment can be arranged via your organisation/institution.

Name on card _____

Signature _____

Please complete this form and return to:

FAX - 1800 680 561 or 9319 5801 EMAIL - membership@ancel.org.au