

AACASA Inc.

Application for Membership

(Please tick appropriate Box)

New Membership:

Membership Renewal:

Surname :- _____ Given Names: _____

Partner's Name: (If Different) _____

Postal Address _____

Post Code _____ Email: _____

Phone: (Home) () _____ (Work) () _____

Fax Number: _____ Mobile: _____

Occupation: (Optional) (1) _____ (2) _____

How did you hear about AACASA Inc? _____

Children's Name(s)	Sex	Date of Birth	Birth Country

Tick if you do **not** wish your Details (See notes(1)) Published

Tick if you do wish to (See notes (2)) hear from another Family be a Host Family

Membership Fees: \$80 for New Members (Includes \$10 Joining Fee)
\$70 Renewal for 12mths. Due 1st July each Year

This Membership Fee includes a copy of the Annual AACASA Calendar.

** Members who join during April, May, June will be deemed to be paid up till 30th June of the following year.

When Completed Please Return This Form Together With Your Payment to:

The Treasurer, A.A.C.A.S.A Inc.

PO Box 1319 Milton Centre, Milton Qld 4064 Australia

Notes: (1) Part of these membership details are published on our secure AACASA_Members Yahoo group site as a means to encourage contact between members. Please tick the box if you do not want these details published.

(2) Please consider contacting our Membership registrar (membership@aacasa.org.au), if you are living in a remote area and would like to hear from another family directly or if you feel you do have experiences that you are willing to share as a 'host family'.

Payment Advice: Purpose: AACASA Inc. Membership

[[DO NOT SEND CASH]]

Please fill in Payment details [Please note Any Credit Card Fee's incurred will be added to the total Credit Card Fees (\$1.50 upto \$149.00; \$2.50 \$150-\$349; \$4.00 \$350.00-\$499.00 & \$5 \$500+)

Amount \$ _____ Cheque/Money Order Visa MasterCard Bankcard

Card Number

Expiry Date ___ / 20___

Name on Card:

Signature: