

ACT SCHOOL CANTEEN ASSOCIATION

Incorporated A 1552
ABN 50 251 064 857

Phone: 6281 4110 (9am to 2.30pm)
Email: president@actschoolcanteen.org.au
Web: www.actschoolcanteen.org.au

PO Box 56
Curtin ACT 2605

RENEWAL OF MEMBERSHIP/ NEW MEMBER APPLICATION

2010/2011 (Valid to March 2011)

To renew or join please complete this form and return it with the appropriate payment by 1 April 2011. Payment accepted by cheque or EFT.

Please provide the information requested in each grey box.

EFT Details: ACT School Canteen Association Inc
Commonwealth Bank
BSB: 062 913
Account: 0090 3289
Customer Reference: Your school name

MEMBERSHIP CATEGORIES and MEMBERSHIP FEES ARE:

(GST does not apply)

- Personal Members \$20
- School Members \$55
- Affiliate Memers \$90

I/we wish to join/ renew (circle one) membership of the ACT School Canteen Association from 1 April 2011 to 31 March 2012.

Option 1: Enclosed is our cheque for:

\$

Option 2: Direct Funds Transfer:

Date of payment:

| | | |
|---|---|----------------------|
| School or Member's Name | 1 | <input type="text"/> |
| Canteen Manager's Name (or contact person) | 2 | <input type="text"/> |
| Phone (Business Hours): | 4 | <input type="text"/> |
| Mobile Phone: | 5 | <input type="text"/> |
| Email: | 6 | <input type="text"/> |
| Postal Address: | 7 | <input type="text"/> |
| Signed: | 8 | <input type="text"/> |
| Date: | 9 | <input type="text"/> |

OFFICE USE ONLY:

| | |
|---------------|-----------------|
| Date: | Membership No.: |
| Chq Rec'd: | Amount: |
| or EFT Rec'd: | Receipt No: |
| | Date Issued: |