



# MEMBERSHIP APPLICATION FORM

PLEASE TICK ONE MEMBERSHIP

FULL \$70

STUDENT \$35

FIRST NAME

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SURNAME

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DATE OF BIRTH

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POSTAL ADDRESS

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STATE

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POSTCODE

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CURRENT POSITION

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CURRENT EMPLOYER

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EMPLOYER ADDRESS

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STATE

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POSTCODE

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HOME PHONE

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WORK

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MOBILE

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FAX

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EMAIL

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PROFESSIONAL OR EDUCATIONAL QUALIFICATIONS

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PLEASE FORWARD APPLICATION FORM INCLUDING PAYMENT TO

ACF SA PO BOX 1237 UNLEY SA 5061

DETAILS FOR DIRECT CREDIT

SAVINGS & LOAN

BSB

805023

ACCOUNT

02351955