



Australian Culinary
FEDERATION
WESTERN AUSTRALIA



2009 Western Australia
Apprentice of the year

AUSTRALIAN CULINARY FEDERATION
WEST AUSTRALIAN CHAPTER INC
MEMBERSHIP APPLICATION FORM

SURNAME _____ FIRST NAME _____

ADDRESS _____

SUBURB _____ STATE _____ POST CODE _____ SEX _____

DOB _____ PHONE _____

MOBILE _____ EMAIL _____

EMPLOYMENT DETAILS

ESTABLISHMENT NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

POSITION _____

(All correspondence will be sent to your private address unless otherwise requested)

TRADE CERTIFICATION AUSTRALIAN OTHER From _____
(PLEASE TICK)

APPRENTICE / STUDENT NAME OF TRAINING COLLEGE _____

SIGNED _____ DATE _____

TAX INVOICE

ACF ABN : 19 907 069 641

FEES

FULL MEMBERSHIP	\$ 70	<input type="checkbox"/>
APPRENTICE / STUDENT	\$ 25	<input type="checkbox"/>
ASSOCIATE	\$ 60	<input type="checkbox"/>
CORPORATE	\$ 150	<input type="checkbox"/>
CORPORATE WEB SPONSOR*	\$1000	<input type="checkbox"/>

*please contact us for further information

SEND TO:

ACFWA
PO BOX 141
MORLEY WA 6943

Email: chefwa@iinet.net.au
Fax: 9343 8313

ALL CHEQUES / MONEY ORDERS TO BE MADE OUT TO: ACF WA

DIRECT PAYMENT BY INTERNET TO: ACFWA, BANKWEST. **BSB** 306-082 **ACCOUNT** 123075-5
(If paying by EFT please forward your completed application form to us by email or fax)

CREDIT CARD DETAILS (on statement will show Eight Hands Culinary)

NAME _____ TYPE: VISA MASTERCARD

CARD NUMBER _____ EXPIRY DATE _____