



**early childhood
education council of nsw inc**

ABN: 40452650361 – Not Registered for GST

2008 Membership Form

(Privacy Statement: The data collected is for the purpose of Membership only and will not be disclosed to other parties.)

Please indicate by ticking the appropriate boxes

New **Renewal** **and Membership No.** _____ (Not sure? Then leave blank)

Individual Membership

***Student Membership** *Student No. _____ Institution: _____

Ms/Mrs/Miss/Mr/Dr):- Surname: _____ Given Name: _____

Postal Address: No. _____ Street: _____

Suburb/Town: _____ Postcode: _____ Home Phone: _____

E-mail: _____ Home Fax: _____

School: _____

School Address: _____ Postcode: _____

School Phone: _____ School Fax: _____

School Membership (Remember to complete the contact person's name in the section above.)

School Name: _____

School Address: No. _____ Street: _____

Suburb/Town: _____ Postcode: _____

School Phone: _____ School Fax: _____ E-mail: _____

(Please note school membership will be mailed to school address)

Payment Details

Individual: \$50.00 School: \$100.00 Student: \$10.00

Enclosed is \$ _____ to cover the cost of my/our 2008 membership. (Current to March 2009)

Signature of applicant: _____ Date: _____

Please make cheque payable to ECEC and forward to ECEC, Membership Secretary,
PO Box 418 Leichhardt NSW 2040

OFFICE USE ONLY

Rec: _____ Membership No: _____ Filed: _____
Accepted by the management committee on _____ by _____
(date) (name)