



early childhood education council of nsw inc

ABN: 40452650361 – Not Registered for GST

2012 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 **Institution Membership** Institution: _____

***Student Membership** *Student No. _____

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

Postal Address: _____ Suburb/Town _____ Postcode: _____

Home Phone: _____ E-mail: _____

School: _____

School Address: _____ Postcode: _____

School Phone: _____

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

School Name: _____ Contact name: _____

School Address: _____

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 2012 membership. (Current to March 2013)

Signature of applicant: _____ Date: _____

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

Alternatively payment can be made directly into ECEC's account at BSB: 062 182, Account Number 00903401. Clearly identify who is making the payment. This application form must still be completed and returned to the address above.

OFFICE USE ONLY

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