



AUSTRALIAN GUIDANCE AND COUNSELLING
ASSOCIATION
SOUTH AUSTRALIA INCORPORATED

ABN 94 778 304 181

Registered 1 November 1999

PO Box 813, Kent Town SA 5071

MEMBERSHIP APPLICATION / RENEWAL INVOICE*

Dr/Ms/Mr/Mrs

First Name/Given Name

Last Name/Family Name

Work Address: _____

Or Home Address: _____

Post Code: _____ Courier: _____

Post Code: _____

Telephone: _____
(Work)

Telephone: _____
(Home)

email: _____
(Work)

email: _____
(Home)

Membership Type: (Tick as appropriate)

Ordinary

- New Application \$90
(Includes joining fee of \$20)
- Renewal \$70

Associate

- New Application \$90
(Includes joining fee of \$20)
- Renewal \$70

Payment by **Cheque** (payable to AGCA(SA)) (Tick as appropriate)

or

Payment by **Direct Deposit** (Tick as appropriate)

Date: _____

Direct Deposit Payment can be done through the Internet Banking Service of your bank. If you make a Direct Deposit this form still needs to be completed and sent to the Membership Secretary: <mailto:libby.brown@sa.gov.au>

Details for making a Direct Payment
Account Name: AGCA(SA)
BSB: 105 022
Account Number: 112314440
Reference: Membership
Name: Name on this Membership application

Please send all membership applications or renewals to the SA State Membership Secretary, Ms Libby Brown, 52, Gloucester Ave, Prospect 5082.

* The AGCA(SA) is a non-profit organisation. It is not registered for the GST and therefore does not charge another 10% on top of the fee for services. GST registered entities would record this under G 14 in the BAS (acquisitions with no GST in the price).

The AGCA-SA website address = <http://sa.agca.com.au/>

For further information about:

- Upcoming and recent events
- Links to related websites
- How to contact other members
- The aims and benefits of the association



AUSTRALIAN GUIDANCE AND COUNSELLING
ASSOCIATION
SOUTH AUSTRALIA INCORPORATED

ABN 94 778 304 181

Registered 1 November 1999

PO Box 813, Kent Town SA 5071

Application for New Membership of the AGCA-SA Ltd
*(This page to be completed only by those applying for **new** Membership of the AGCA-SA Ltd)*

A: Academic qualifications and professional training <i>(Please state institution and dates degrees conferred. Enclose documentary evidence of tertiary studies)</i>
B: Relevant professional experience
C: Other qualifications

Proposer: _____
(Please Print)

Seconded: _____
(Please Print)

Signature: _____
(Must be Full AGCA Member)

Signature: _____
(Must be Full AGCA Member)

Applicant's Signature: _____ Date: _____