

INDIVIDUAL MEMBERSHIP

Application Form

**Denotes required field*

Title:	First Name*:	Surname*:
School/Institution*:		Position:
School/Institution Address*:		
Suburb*:	State*:	Postcode*:
Phone*:	Email*:	
Private Address*:		
Suburb*:	State*:	Postcode*:
Phone*:	Email*:	

**Denotes required field*

Preferred Address

Personal Address

School/Institution Address

Type of Membership

Associate Retired Student

1 year **\$205** 1 year **\$89**

2 year **\$378** 2 year **\$147**

3 year **\$535** 3 year **\$210**

I confirm that I am eligible for the membership type selected and have provided any required documentation with this application.

Payment Details

Master Card Card Number

Visa

Cheque (made payable to ACEL) Expiry Date (MM/YY) / CSV

Direct Deposit

Please tick here if you require an invoice to be sent to the email noted above so that payment can be arranged via your organisation/institution.

Name on card _____

Signature _____

Please complete this form and return to:

Email - membership@acel.org.au
Post - PO Box 876, Strawberry Hills NSW 2012
 Or alternatively, please visit the ACEL Website to **apply online**.

Terms & Conditions:

By completing this form you are accepting ACEL's Terms and Conditions available in the 'ACEL Policies' section at www.acel.org.au
 Please ensure that yourself and the credit card holder read and understand these terms and conditions prior to purchase.