

# **INSTITUTIONAL MEMBERSHIP**

Application Form		*Denotes required field
Account Contact*:		
School/Institution*:		
School/Institution Address*:		
Suburb*:	State*:	Postcode*:
Phone*:	Email*:	
Membership: 🔲 2-5 Members <b>\$195 per person</b>	☐ 6-10 Members <b>\$185 per</b>	person 11+ Members \$175 per person

Name	Email	Position
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If you wish to sign up more than 10 members please fill out an additional form or send an email to ACEL with the members listed.

## **Payment Details**

	Master Card Card Number   Visa   Cheque (made payable to ACEL) Expiry Date (MM/YY)   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.
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Name on card

### Please complete this form and return to:

Email - membership@acel.org.au Post - PO Box 876, Strawberry Hills NSW 2012

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Signature

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.

#### Australian Council for Educational Leaders

PO Box 876, Strawberry Hills, NSW 2012 | www.acel.org.au | membership@acel.org.au | Phone: 1800 680 559