The Children's Book Council of Australia (SA Branch) Inc.

Membership Application form 2017 TAX INVOICE ABN 22 545 077 268 (Membership runs from 1st January to 31st December)



Contact person 1 :	
Contact person 2:	
Institution (If appropriate):	
Address:	
City	State: Postcode:
Phone:	Mobile:
Email 1:	
This will be used for website registration and communication purposes. Are you already registered? Yes / No	
Email 2:	
This will be used for website registration and communication purposes. Are you already registered? Yes / No	
The Children's Book Council of Australia (SA Branch) respects your privacy. Protecting your personal information is important to us. Our Privacy statement can be found at http://www.cbcsa.org.au/component/content/article/2-uncategorised/36-privacy-statement	
MEMBERSH	IIP TYPE
☐ New ☐ Renewal	
☐ Individual \$40 (inc. GST \$3.64) ☐ Corporate \$50	inc. GST \$4.55) School \$50 (inc. GST \$4.55)
Library \$50 (inc. GST \$4.55)	GST \$2.28) Concession \$25 (inc. GST \$2.28)
PAYMENT OPTIONS	
☐ Cheque attached. Made payable to: The Children's Book Council of Australia (SA Branch Inc) Post: : Subscriptions CBCA SA Branch GPO Box 2392 Adelaide., SA 5001	
Post: : Subsc	's Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch
Post: : Subsc	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001
Post: : Subsci GPO Box 239 Credit card	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001
Post: : Subsci GPO Box 239 Credit card MasterCard Visa Card expiry	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001
Post: : Subsci GPO Box 239 Credit card MasterCard Visa Card expiry Name on card:	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001
Post:: Subsci GPO Box 239 Credit card MasterCard Visa Card expiry Name on card: Signature:	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001 date: / CCV No. Date paid:
Post:: Subscing GPO Box 239 Credit card MasterCard Visa Card expiry Name on card: Signature: Card number: Direct debit BSB: 105-900 Account No. 950 505 940 Please reference with your name / institution / school	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001 date: / CCV No. Date paid: and email your membership form / details to
Post:: Subscing GPO Box 239 Credit card MasterCard Visa Card expiry Name on card: Signature: Card number: Direct debit BSB: 105-900 Account No. 950 505 940 Please reference with your name / institution / school admin@cbcsa.org.au	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001 date: / CCV No. Date paid: and email your membership form / details to
Post:: Subscinct GPO Box 239 Credit card MasterCard Visa Card expiry Name on card: Signature: Card number: Direct debit BSB: 105-900 Account No. 950 505 940 Please reference with your name / institution / school admin@cbcsa.org.au VOLUNT	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001 date: / CCV No. Date paid: and email your membership form / details to
Credit card MasterCard Visa Card expiry Name on card: Signature: Card number: Direct debit BSB: 105-900 Account No. 950 505 940 Please reference with your name / institution / schoo admin@cbcsa.org.au VOLUNT I am willing to volunteer at events	s Book Council of Australia (SA Branch Inc) riptions CBCA SA Branch 2 Adelaide., SA 5001 date: / CCV No. Date paid: and email your membership form / details to