



Membership Application

Personal Details

Name: _____

Business Name: _____

ABN: _____

Phone: _____ Wk: _____ Mobile: _____

Email: _____

Residential Address

Street: _____ Suburb: _____

State: _____ Post Code: _____

Postal Address: _____

Professional Status

Do you have a current membership to a Counselling Association: Yes No

Association Name: _____

Association Membership Number: _____

Payment Details

Membership Fee of \$30 is payable by the 30th June each year

I have enclosed a Cheque / Money Order to the value of \$ _____

Signed: _____ Name: _____ Date: _____