

# AUSTRALIAN SENIORS COMPUTER CLUBS ASSOCIATION

ABN: 47 097 847 642

## APPLICATION FOR MEMBERSHIP

Full Name of Club/Organisation: \_\_\_\_\_

Street Address of Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Sub/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Club/office Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

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President's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sub/Town \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sub/Town \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

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Cheque for \$100 to cover membership for one (1) year is attached

For and on behalf of: \_\_\_\_\_  
(Registered Name of Club/Organisation)

Signed : \_\_\_\_\_ Name: \_\_\_\_\_ Position \_\_\_\_\_

Dated: this \_\_\_\_\_ day of \_\_\_\_\_ 200\_

**Please complete both sides of this form, make out a cheque payable to ASCCA then post the form and cheque to: The Treasurer, ASCCA,  
4/280 Pitt Street, Sydney 2000**

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## ORGANISATIONAL PROFILE

Objectives of Organisation: (attach separate sheet if necessary)

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Approximate number of members: \_\_\_\_\_

Who is eligible to join? \_\_\_\_\_

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Do you have a newsletter/magazine?    No     Yes  (tick one)

If yes, name of publication and how frequently published \_\_\_\_\_

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Does the Organisation have a Web site?    No     Yes     If yes, address of Web site:

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Place tick in relevant boxes: Monthly Meetings

Operating Days:    Mon     Tues     Wed     Thurs     Fri     Sat

Insurance Types: Public Liability  - Other Policies

Date club commenced operations: \_\_\_ / \_\_\_ / \_\_\_\_\_

Is Club Incorporated: No     Yes     If Yes, Date Incorporated: \_\_\_ / \_\_\_ / \_\_\_\_\_

ABN \_\_\_\_\_

<b><u>Office Use Only</u></b>
Date Received: ___ / ___ / _____    ID No.: _____    Receipt No.: _____