



Cake Decorators' Guild of N.S.W. Inc.

ABN 90 400 643 034

APPLICATION FOR MEMBERSHIP OF THE CAKE DECORATORS' GUILD OF NSW INC.

PLEASE PRINT CLEARLY IN BLOCK LETTERS

TITLE: Mr./Mrs./Ms./Miss/Junior (Please circle)

GIVEN NAME:

SURNAME:

DATE OF BIRTH:

ADDRESS:

SUBURB: **POSTCODE:**

PHONE Home: **Mobile:**

E-mail:

EMERGENCY CONTACT: **RELATIONSHIP:**

EMERGENCY CONTACT NUMBER:

I hereby make application to become a member of the cake decorators' Guild of NSW Inc.
 I wish to become a member of Branch.
 If my application is accepted I hereby agree to abide by the Constitution and Aims of the Guild.

Sweet Perfection Magazine **(Please circle)** Digital copy or Hard copy

SIGNED: **DATE:**

| | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Yearly Membership Joining Fee : | \$30.00 | <input type="checkbox"/> 1/2 Yearly Membership Joining Fee : | \$15.00 |
| | | July - Dec | |
| <input type="checkbox"/> Insurance : | \$20.00 | <input type="checkbox"/> Insurance : | \$20.00 |
| <input type="checkbox"/> Branch Fee : | \$ | <input type="checkbox"/> Branch Fee : | \$ |
| TOTAL | | TOTAL | |
| \$ | | \$ | |

Junior Membership Fee: (Insurance only) \$6.00

Please send the completed application form to The Secretary of the Branch of the Cake Decorators' Guild of NSW Inc. that you are applying to join.

| | | |
|---------------------------------|--|-----------------------------|
| CDG of NSW | Contact Details: (Secretary) | EFT Details: |
| Secretary Treasurer | Branch Ph: Mob: Email: | BSB: Account No. Ref: |