



# 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:** .....

Yearly Membership Joining Fee : \$30.00       1/2 Yearly Membership Joining Fee : \$15.00

Insurance : \$20.00       Insurance : \$20.00

Branch Fee : \$       Branch Fee : \$

<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
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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.

<b>CDG of NSW</b>	<b>Contact Details:</b> (Secretary)	<b>EFT Details:</b>
..... Secretary Treasurer	<b>Branch</b> <b>Ph:</b> <b>Mob:</b> <b>Email:</b>	<b>BSB:</b> <b>Account No.</b> <b>Ref:</b>