

MEMBERSHIP RENEWAL FORM 2019

PLEASE NOTE: No other Membership Renewal Form will be accepted.



Cake Decorators' Guild of N.S.W Golden West Branch Inc.
(Please include your Branch name above)

TITLE: MRS MS MISS MR Junior Member

SURNAME: *

GIVEN NAMES: *

ADDRESS: *

.....

..... **POSTCODE:** *

Date of Birth: *

EMAIL *

TELEPHONE * **MOBILE** *

Please nominate a person/guardian to be contacted in case of any emergency and a phone number:

Name:

Phone:

- *Asterisk indicates **Essential information**; please print clearly*
- *Signed membership forms **MUST** be returned to Branch Treasurer*

Sweet Perfection Magazine

Digital copy or Hard copy *(Please tick)*

Have you held a COMMITTEE POSITION in your branch	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what was the position		
Would you be willing to be a DEMONSTRATOR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If chosen are you prepared to be billeted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you like to do a JUDGES' COURSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you teach?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where		

Please tick your responses to appropriate questions and fill in any other relevant information

As a member of the CDG of NSW Golden West Branch Inc. I agree to abide by the Constitution and uphold the aims of the Guild.

SIGNED: **Dated:** / /

State Fees	44	00
Insurance Fee	6	00
Branch Fees (if applicable)	10	00
TOTAL \$	60	00

Junior members or their representative are required to fill in the appropriate information on this form for insurance purposes and recording membership and return to **Branch Treasurer**.
Junior Members pay Insurance only.

PLEASE RETURN THIS FORM AND YOUR FEES TO YOUR BRANCH TREASURER by 31/12/2018.

Branch Treasurer / Membership Officer to send completed form to State Treasurer. Membership forms not received by 28/2/2019 will attract a late Administration fee of \$10 per member