



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

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:

Nominated by: Seconded by:

Membership Joining Fee : \$44.00 1/2 Yearly Membership Joining Fee : \$22.00

Insurance (over 85 exempt) : \$6.00 Insurance (over 85 exempt) : \$ 6.00

Initial Joining Fee + Branch Fee : \$10 + Initial Joining Fee + Branch Fee : \$10 +

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
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Branch

Contact Details: (Secretary)

EFT Details:

Ph:

BSB:

Secretary

Mob:

Account No.

Treasurer

Email:

Ref :