



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:**

<input type="checkbox"/> Yearly Membership Joining Fee :	\$40.00	<input type="checkbox"/> 1/2 Yearly Membership Joining Fee :	\$18.00
<input type="checkbox"/> Insurance :	\$10.00	<input type="checkbox"/> Insurance :	\$10.00
<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:
.....	Ph:	BSB:
.....	Mob:	Account No.
Secretary	Email:	Ref:
Treasurer		