

**ASSOCIATION OF CIVIL MARRIAGE CELEBRANTS OF S.A. (INC) ACMCSA**

**MEMBERSHIP APPLICATION FORM PRO RATA TO 30TH JUNE 2021**

**FULL MEMBERSHIP IS USUALLY \$100 PER YEAR**

**Please COMPLETE THIS FORM IN FULL and tick ALL appropriate boxes ensuring all details are legible.**

I wish to join this Association

- PREMIUM LEVEL - \$135** (pro rata annual fee of \$50 + Group Insurance \$30 + Copyright protection cover (CAL) \$55)
- PLATINUM LEVEL \$105** (pro rata annual fee of \$50 + Copyright protection cover (CAL) \$55)
- SILVER LEVEL - \$80** (pro rata annual fee of \$50 + Group Insurance \$30)
- STANDARD LEVEL - \$50** (pro rata annual fee only)

Because of this Association's affiliation with the national body CoCA (Coalition of Celebrant Associations) we are able to offer the following:

1. Individual Insurance for all members with the forms available on our website at [www.marriagecelebrantssa.com.au](http://www.marriagecelebrantssa.com.au) in "Members Area" when you are a member. This type of Insurance can be applied for by individual members at any time of their choosing throughout the year.
2. Group Insurance is available, at the low cost of \$40 annually **only at the time of joining as a member** and not available at any other time during the year, at the time of Renewal of membership, Group Insurance is offered again Group insurance is offered to new members during the year at a reduced amount
3. Copyright protection cover with CAL is available, at the low cost of \$55 at the time of joining as a member and not available at any other time during the year, except at time of Renewal of membership and must be paid with fee (if required). (Individual copyright cover with the same agency is over \$200)

**MEMBERS DETAILS** to be filled in (please print)

TITLE – (Miss/Ms/Mrs/Mr/Dr) SURNAME.....CELEBRANT NUMBER A.....

GIVEN NAME(S).....MALE/FEMALE.....

HOME ADDRESS.....

SUBURB.....STATE.....POSTCODE.....

PHONE – HOME.....MOBILE.....

EMAIL ADDRESS.....

**PAYMENTS MAY BE MADE DIRECT TO THE ASSOCIATION IN THE ASSOCIATION'S NAME - ACMCSA**

**BSB** 065148                      **ACCOUNT NUMBER** 10190529                      **REFERENCE - (YOUR NAME)**

- BY CHEQUE                       BY POSTAL ORDER

POSTAL ADDRESS: P.O. BOX 553, PLYMPTON, S.A. 5038

ALL PAYMENTS TO THE ASSOCIATION ARE ACKNOWLEDGED BY EMAIL.

**PLEASE FORWARD THIS FORM OR ANY ENQUIRIES TO THE SECRETARY OF THE ASSOCIATION AT**

**[pamelaschultz@adam.com.au](mailto:pamelaschultz@adam.com.au) - Mobile: 0409 675 651**