



Adolescent and Family Counsellors Association NSW

ABN: 70 181 066 303

## AFCA Membership Renewal Form

Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Current Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Membership fees:**

Membership fees are due on the 1<sup>st</sup> July annually.

The membership fees are payable as follows:

- \$65.00 per person for full member
- \$50.00 per person for associate members

These fees are non-refundable or transferrable.

I agree to uphold the A.F.C.A. Code of Ethics and Constitution (available for review at [www.afcansw.asn.au](http://www.afcansw.asn.au)).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \$..... (This is a receipt upon payment).

**Please make payment to AFCA NSW direct to St George Bank BSB 112 879 Account 043482142 and email confirmation to [membership@afcansw.asn.au](mailto:membership@afcansw.asn.au) .**