

EXPERIENCE

REFEREES

Please state the names, telephone numbers and addresses of two (2) persons of good standing to whom reference may be made if this application is not accompanied by documentary evidence of character.

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>

FEES (subject to change)

MEMBERS: \$50.00 RETIRED MEMBERS: \$10.00 FELLOWS: \$100.00 (all including GST)

Please complete whichever statement below is applicable.

A cheque for the amount of \$ _____ is enclosed.

For e-banking:
Commonwealth Bank BSB 062-005
Account No. 0000 1925

The amount of \$ _____ was electronically forwarded on _____

DECLARATION

I hereby engage that I shall endeavour to promote the objects of The Commercial Education Society of Australia, and I agree to be bound by the Memorandum and Articles of Association as now framed or as hereafter amended.

<i>Signature</i>	<i>Date</i>
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OFFICE USE ONLY

Receipt number _____ Received _____ Acknowledged _____

Membership Committee Recommendation _____

Submitted to General Council on _____

Applicant notified of result on _____ Entered in Register of Members on _____

Membership Certificate forwarded on _____ by _____