

# Student member application form

Valid from 1 August 2011



Please complete this form in BLACK PEN and CAPITAL LETTERS

Note: If you wish to apply as a Full Member or Affiliate Member, please complete the relevant application form available at [www.acwa.org.au](http://www.acwa.org.au)

Please read the Member eligibility information available at [www.acwa.org.au](http://www.acwa.org.au) before completing this form.

## PERSONAL DETAILS

Mr/Mrs/Ms/Miss/Dr/Other

Gender

M  F

Date of birth (DD/MM/YY)

  /   /  

Family Name

Given Name/s

Address

  

State

Postcode

Telephone (home)

 ( )

Telephone (work)

 ( )

Mobile

Email address

Return a completed, signed form and certified copies of documents with your relevant application fee to:

ACWA Membership Assessment Officer

PO Box 42

FLINDERS LANE VIC 8009

# Student member application form (cont)



**ACWA**  
AUSTRALIAN COMMUNITY  
WORKERS ASSOCIATION

Valid from 1 August 2011

## COURSE DETAILS

Please complete details of your current course and attach a certified copy of a letter confirming current enrolment in a course related to the community and welfare sector, including start and end dates of the course.

Name of qualification/course

Name of institution (College or University Name)

Campus location

Date course commenced

 /  / 

Date course completed

 /  / 

## MEMBERSHIP FEES

A reduced membership fee is applicable to Student Members. If you are determined ineligible for membership, your membership fee will be refunded.

I apply for membership of ACWA as a Student Member for:

Tick [✓] the appropriate box:

**Half year \$25** (for applications made in July–December)

**Full year \$45** (for applications made in January–June)

Return a completed, signed form and certified copies of documents to:

ACWA Membership Assessment Officer  
PO Box 42  
FLINDERS LANE VIC 8009

# Student member application form (cont)



**ACWA**  
AUSTRALIAN COMMUNITY  
WORKERS ASSOCIATION

Valid from 1 August 2011

## MEMBERSHIP FEES

Membership fees payment method

Tick [✓] the appropriate box:

Cheque/Money order payable to **ACWA Inc.**

Visa/Mastercard

Cardholder name:

Card number:

 /  /  / 

Expiry :

 / 

Total amount to be deducted:

\$

Signature:

Date:

 /  / 

Return a completed, signed form and certified copies of documents to:

ACWA Membership Assessment Officer  
PO Box 42  
FLINDERS LANE VIC 8009

# Student member application form (cont)



**ACWA**  
AUSTRALIAN COMMUNITY  
WORKERS ASSOCIATION

Valid from 1 August 2011

## DECLARATION

Please sign and date this form, attach all required documents and return it to the address shown below.

I (student) \_\_\_\_\_ hereby apply for admission to the Australian Community Workers Association (ACWA) as a Student Member and submit this information in support of my application. I declare that all information is true and correct at the time of this declaration. If accepted for membership, I undertake to observe and conform to any ACWA requirements as may be published by ACWA from time to time. I agree to abide by ACWA's Code of Ethics.

### Privacy

I have read and understood the Privacy Policy available at [www.acwa.org.au](http://www.acwa.org.au) and consent to ACWA collecting, using, storing and disclosing personal information about me in accordance with the Privacy Policy.

### Communication

From time to time, ACWA sends its members communication material (also known as direct marketing and e-marketing material) containing educational material and offers and promotions which are available to members.

Tick this box if you DO NOT want ACWA to use your personal information to send you these communications.

You can change your preference any time by contacting us.

Applicant's signature:

Date:

/   /

Return a completed, signed form and certified copies of documents to:

ACWA Membership Assessment Officer  
PO Box 42  
FLINDERS LANE VIC 8009