



ABN 51 953 498 510  
PO Box 1059, South Melbourne Vic 3205  
Tel: 03 9682 4999; Fax: 03 9682 4599

# Membership Application Form

Company Name: .....

Postal Address: .....

Post Code: .....

Country: .....

Main Contact: .....

Email Address: .....

Telephone Number: .....

Fax Number: .....

Website: .....

Preferred Payment Method: Please note credit cards attract a fee of 3.5%

- Cheque: Forward your cheque to:  
AACCS PO Box 1059 South Melbourne Vic 3205
- Direct Payment to: Westpact Randwick 032 056 15 8313
- Credit Card: Card Type:  Visa  MC  BC

Name of Cardholder: .....

Card Number \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_

Level of Membership: Associate Membership / Premier Club Membership

Access to website initiated upon payment of invoice to be issued after receipt of application form

Please return to [marketing@aaccs.org.au](mailto:marketing@aaccs.org.au) or fax to +61 3 9682 4599