



Australasian Council of Women & Policing Inc. (ACWAP)

ABN: 35 250 062 539

Membership Application / Renewal

I, _____
 of (Postal Address) _____
 _____ Post Code _____
 Phone _____ Fax _____
 E-mail _____

(please mark applicable)

- ☐ seek to renew my membership with ACWAP; or
☐ wish to apply for new membership and agree to be bound by the rules of the council.

Payment is made by ☐ cash ☐ cheque ☐ EFT ☐ money order for (in AUD):
☐ \$50 – Annual Membership
☐ \$90 – Biennial Membership (2 years)
☐ \$300 – Life Membership
☐ \$300 – Corporate Membership

If paid by direct debit/EFT please insert date of payment and reference details:

Signature of Applicant: _____ Date: _____

For enquiries please contact Ingrid Kuster (02) 61313000 or email membership@acwap.com.au

Please make cheque/money order payable to the
Australasian Council Of Women And Policing Inc (ACWAP)
 and post to: Treasurer, ACWAP, PO Box 1485, WODEN ACT 2606.

Payment by Direct Debit/Electronic Fund Transfer (EFT) to Commonwealth Bank:
 Name: ACWAP BSB: 06 4003 Account No. 10049179

PRIVACY STATEMENT:

The information you provide on this form will be used only for the purpose stated above unless statutory obligations require otherwise.