

Catholic Education Business Administrators



APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for associate membership of the Catholic Education Business Administrators

I am employed by
(name of Employer)

Located at
(address of Employer)

Phone N° Fax N°

as the
(title of position)

Email address

Associate membership is available to persons who are not employed directly in Catholic Education but who are employed in other Catholic Church related bodies operating under the auspices of the Bishops Office or the Australian Catholic Bishops Conference (ACBC). Associate Members will pay the full annual membership subscription applicable at the time and upon payment of the annual subscription will become full financial members of the Association with full voting rights. Associate Members will not be entitled to apply for positions on the Committee.

My full name is:
(title) (surname) (Christian names)

Signature: Date:

POST COMPLETED APPLICATION FORM TO:

Paul Romanin
c/- Academy of Mary Immaculate
88 Nicholson Street
FITZROY VIC 3065