

ACA Membership

FULL \$35 (incl.gst)

CONCESSION \$25 (incl. gst)
(meaa/student ID = > _____)



Name: _____ **Female/Male**
Please Circle

Street: _____

Suburb: _____ Post Code: _____

Alternate Address: _____

Suburb: _____ Post Code: _____

Email Address: _____ Mobile: _____

Home Ph: (____) _____ Business Ph: (____) _____

Date of Birth: ____ / ____ / ____

MEEA Membership: Yes / No
Please Circle

Drama School Graduate: Yes / No
Please Circle

Name of Institution: _____ Graduation Year: _____

Agent: Yes / No If YES Name of Agency: _____

How did you first hear about ACA? _____

What Course/s (if any) have you completed at ACA? _____

Would you like to receive regular ACA updates? Via email Via snail mail

Thank you for taking the time to complete this form. Please advise us of any changes to your contacts details and be sure to check our website regularly for membership benefit updates.

<i>Office Use Only</i>			
Date Joined:	Date processed:	By:	Receipt No: