

MEMBERSHIP RENEWAL FORM 2018

PLEASE NOTE: No other Membership Renewal Form will be accepted.



Cake Decorators' Guild of N.S.W
 Branch Inc.

(Please include your Branch name above)

TITLE: MRS MS MISS MR Junior Member

SURNAME: *

GIVEN NAMES: *

ADDRESS: *

.....

POSTCODE: *

Date of Birth: *

EMAIL *

TELEPHONE * MOBILE *

Please nominate a person/guardian to be contacted in case of any emergency and a phone number:

Name:

Phone:

- Asterisk indicates *Essential information*; please print clearly
- Signed membership forms **MUST** be returned to Branch Treasurer

Sweet Perfection Magazine

Digital copy or Hard copy (Please tick)

Have you held a COMMITTEE POSITION in your branch	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what was the position		
Would you be willing to be a DEMONSTRATOR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If chosen are you prepared to be billeted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you like to do a JUDGES' COURSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you teach?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where		

Please tick your responses to appropriate questions and fill in any other relevant information

As a member of the CDG of NSW Branch Inc.
 I agree to abide by the Constitution and uphold the aims of the Guild.

SIGNED: Dated: / /

State Fees	44	00
Insurance Fee	6	00
Branch Fees (if applicable)		
TOTAL \$		

Junior members or their representative are required to fill in the appropriate information on this form for insurance purposes and recording membership and return to **Branch Treasurer**.
 Junior Members pay Insurance only.

PLEASE RETURN THIS FORM AND YOUR FEES TO YOUR BRANCH TREASURER by 31/12/2017.

Branch Treasurer / Membership Officer to send completed form to State Treasurer. Membership forms not received by 28/2/2018 will attract a late Administration fee of \$10 per member