



The Australian and New Zealand College of Notaries

Please return your completed
Application Form to:
Level 1, 123 Church Street, Hawthorn
Victoria 3122 Australia
OR TO
FAX: +61 3 9819 6078
e-mail: office@anzcn.org

Application for Associate Membership

Please print clearly in block letters.

I apply for membership of The Australian and New Zealand College of Notaries. (ABN 32 125 857 347)

Title: Mr Miss Mrs Dr Other: (Please specify) _____

Family Name: _____

Personal Name(s): _____

Honours and Awards (if any): _____

Residential Address: _____

Postcode: _____

Firm Name: _____

Postal Address (if different from above): _____

Postcode: _____

Telephone: _____

Fax: _____

Email: _____

Preferred name on membership certificate: _____

I practice as a notary in: _____

Date of appointment or enrolment as a notary: (PROVISION OF PROOF TO ACCOMPANY THIS APPLICATION)

Applicant's signature: _____

Date: / /

Payment

I enclose a cheque for AUD \$150.00 (inc. GST) payable to 'The Australian and New Zealand College of Notaries'

I make a direct deposit of AUD \$150.00 (inc. GST) to The Australian and New Zealand College of Notaries to the following Account:

ACCOUNT NAME: ANZCN BSB: 083 004 ACCOUNT NUMBER: 857445084 REF: YOUR SURNAME

Bank Name & Address: National Australia Bank, 300 Collins Street, Melbourne Vic 3000 BIC / Swift: NATAAU3303M

Please debit my credit card with AUD \$150.00 (inc. GST): **MASTERCARD OR VISA ONLY**

Card Number

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Expiry Date

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VISA

MASTERCARD

Cardholder's Name _____ Cardholder's Signature _____