

Please Note:

Cardholder's Name

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 Membership**

Membership fees include Australian GST.  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 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 practise 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 \$275.00 (inc. GST ) payable to 'The Australian and New Zealand College of Notaries'
I make a direct deposit of <b>AUD \$275.00</b> (inc. GST) to The Australian and New Zealand College of Notaries to the following Account: <b>ACCOUNT NAME:</b> ANZCN <b>BSB:</b> 083 004 <b>ACCOUNT NUMBER:</b> 857445084 <b>REF:</b> YOUR SURNAME
Bank Name & Address: National Australia Bank, 300 Collins Street, Melbourne Vic 3000 BIC / Swift: NATAAU3303M
Please debit my credit card with AUD \$275.00 (inc.GST): MASTERCARD OR VISA ONLY
Card Number
Expiry Date VISA MASTERCARD

\_ Cardholder's Signature \_