



NEW MEMBERSHIP FORM

NB: One form per member. Please return to CLC, PO Box 5207, MANLY QLD 4179 or fax to (07) 3393 4483 or complete, scan and email to admin@clcaustralia.org.au

All forms are available on the CLC web site www.clcaustralia.org.au

Date: _____

Title _____ First name _____ Surname _____ PN _____

Postal Address _____

_____ Suburb _____ State _____ Postcode _____

Country if other than Australia _____

Home Address _____

_____ Suburb _____ State _____ Postcode _____

Work Address _____

_____ Suburb _____ State _____ Postcode _____

Phone/Fax/Email:

Mobile No/s _____

Phone No/s (night) (____) _____ (day) (____) _____

Fax No/s (night) (____) _____ (day) (____) _____

Email Addresses (please tick the email you would prefer to be used for contact):

(home) _____

(work) _____

Web site _____

Please tick the address you would like to be your primary mailing address for correspondence:

Postal address Home address Work address E-mail

Date of Birth:

Occupation:

____ / ____ / ____ _____

Group details:

Name of Group: _____

Guide's Name: _____

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Which newsletters do you wish to receive?

- Annotations** (included with membership)
- Projects** (A free newsletter for reflection sent to CLC members about 3 times a year from the World CLC Executive)
- Progressio** (which comes from the CLC Secretariat in Rome. It contains news, formation material, profiles, etc and is a periodical that members keep for future reference. All important CLC documents and material are published in Progressio. Subscription is \$40 and needs to be paid by 31 December each year for the following year's subscription.)
- I do not wish to receive any newsletters

How would you prefer to receive Annotations?

- By e-mail (the email will contain a link to the CLC website where you can access the newsletter)
- By mail

Please select the type of membership you wish to have:

		\$
<input type="checkbox"/> Single – Annual	1 payment of \$140	_____
<input type="checkbox"/> Single – Bi-annual	2 payments of \$70	_____
<input type="checkbox"/> Single – Quarterly	4 payments of \$35	_____
<input type="checkbox"/> Family	1 payment of \$185	_____
	<i>Members covered by this payment</i>	

<input type="checkbox"/> Donation		_____
<input type="checkbox"/> Annual subscription for Progressio	\$40	_____
	<i>Must be received by 31 December for delivery the following year</i>	
	TOTAL	\$ _____

PAYMENT DETAILS

I enclose a cheque/money order for \$ _____ **OR** Please debit my Mastercard Visa

Amount: \$ _____ Card No:

Expiry Date: ____/____/____ Cardholder's Name: _____

Cardholder's Signature _____

Thank you for taking the time to complete this form. Please return it to:

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or fax to: (07) 3393 4483
or complete, scan and email to admin@clcaustralia.org.au