Application for Voting Membership

☐ **I wish to apply for voting membership of the Australian Consumers' Association.**

Surname (Mr/Mrs/Miss/Ms): …….....**Given names:** ……

Address:…….....

.....

Postcode: …… **Subscriber number (if applicable)** ……

Occupation/Role: …… **Employer:** …….....

Industry sector: ……..

Special interests in the consumer area: ……..

Please tell us why you wish to become a voting member: ……

……

……

Phone: (Day): ……..... **(Evening)** …… **(Mobile)** …….....

Fax: ……. **Email address:** …….....

In support of my application, I acknowledge that:

1. If my application is approved I will be bound by the Rules set out in ACA's Constitution (as amended from time to time) for the duration of my membership.
2. I am aware that ACA is a non-profit, non party-political organisation with an established reputation for independent research and action for the public benefit and I support that role and function and will act consistently with it in my dealings with ACA.
3. I am aware that the Council of ACA has an absolute and unfettered discretion to accept or refuse any application, and will have regard to Rule 3.3 of the ACA Constitution in exercising this responsibility.

As a voting member, your name will go on our membership register, a public document under the Corporations Act 2001. Your personal information will be treated in accordance with the terms of our privacy policy as set out on our website.

Signature: …….. … **Date:** ……

Please email, mail or fax this form to 'Voting Membership' at the address below.

57 Carrington Road Marrickville NSW 2204
Phone 02 9577 3333 Fax 02 9577 3377 Email member@choice.com.au www.choice.com.au
The Australian Consumers' Association is a not-for-profit company limited by guarantee. ABN 72 000 281 925 ACN 000 281 925