



CADS MEMBERSHIP RENEWAL

Membership Term: 1st July – 30th June

CADS (Crookwell Amateur Dramatic Society) Incorporated
(Incorporated under the Associations Incorporation Act 1984)

I, _____
Full name of applicant

Of _____
Address

Membership number (if known)

Contact number

Email

Hereby apply to renew my membership of the above named incorporated association. I agree to be bound by the rules of the association for the time being in force.

Signature

Date

Working With Children Check

If your membership with CADS will include working with children (under 18 years of age) in any capacity, you must have a current Working With Children Check. Please ensure you have included your first, middle and last name above and the details below for verification.

Working With Children Check Number

Date of Birth

I enclose the amount of \$5.00 being the membership renewal fee

If posting:

**The Secretary
CADS
PO BOX 299
Crookwell NSW 2583**

If paying online:

**Account Name: Crookwell Amateur Dramatic Society Inc
BSB: 062 530
Account Number: 10037187
Reference: Your Name**

| | |
|--|-----------------------------|
| <i>CADS use only</i> | Membership number: |
| <input type="checkbox"/> Membership accepted (President) | Signature: _____ Date _____ |
| <input type="checkbox"/> Membership declined (President) | Reason: _____ |