



Important Subscription & Insurance Information

This page is to be retained for your own records

I N S U R A N C E I N F O R M A T I O N

Our new insurance policy offers far greater protection.

- **Professional Indemnity** will give you \$3,000,000 for any one claim and \$6,000,000 aggregate.
- **Public Liability** will give you coverage of \$20,000,000 any one occurrence and \$20,000,000 aggregate.
- **Property in care, custody and control.** \$100,000 each and every occurrence.

Excess is \$500 for each and every claim

H O W T O P A Y

1. *CHEQUE OR MONEY ORDER:*

If paying by cheque or money order – make payable to ACMCV
Post the Subscription payment form with your cheque or money order to
The Treasurer, ACMCV, 38 Best Street, Belgrave, Vic, 3160

2. *BANK DEPOSIT/TRANSFER:*

Our bank details are:
COMMONWEALTH BANK, Ferntree Gully
Account Name: Association of Civil Marriage Celebrants of Vic. Inc.
BSB: **063 208** ACCOUNT NUMBER: **00901637**

Important:

Make sure you put your surname on the reference line when you make the transaction.
Make sure you post, email or fax the Subscription Payment form to the treasurer.

Post to The Treasurer, ACMCV, 38 Best Street, Belgrave, Vic, 3160

Fax to: (03) 9754 6929

Email to: bobscelebrant@bigpond.com

YOUR RECORD OF PAYMENT

2016 Subscription & Insurance \$ **70-00** DATE PAID:

Cheque No..... Money Order:..... Bank Deposit on



SUBSCRIPTION & INSURANCE 2016

This page is to be sent to the Treasurer with payment.
If you are a new member also forward Application For Membership Form.

Please print in BLOCK letters. Then send to the Treasurer (with payment or details of how and when you paid by bank deposit). If sending by mail, post to: **Treasurer, ACMCV, 38 Best Street, Belgrave, 3160**
OR: Fax to: (03) 9754 6929 or if scanning this form Email to: bobscelebrant@bigpond.com

To the ACMCV Inc., Please accept my payment (details as listed below) for 2016 Membership of the ACMCV Inc., with insurance premium(s) as applicable.

PLEASE PRINT IN BLOCK LETTERS

SURNAME	GIVEN NAME	TITLE (MR, MS, MISS, MRS etc)

NO. & STREET	SUBURB	POSTCODE

HOME PHONE	MOBILE	FAX

EMAIL ADDRESS	REGISTRATION NO.
	A

IF APPOINTED AFTER 2003 WHICH TRAINING ORGANISATION DID YOU COMPLETE YOUR TRAINING WITH:.....

SUBSCRIPTION \$ 70.00 (membership & insurance)

Method of payment:

Chq attached or Bank deposit on

I hereby agree that my membership is conditional upon acceptance and compliance with the Constitution and Rules of the Association.

SIGNATURE:

DATE:

For use by Treasurer
Receipt No.
Membership List
Labels



ASSOCIATION OF CIVIL MARRIAGE CELEBRANTS OF VICTORIA INC.

APPLICATION FOR MEMBERSHIP

This page is to be sent to the Treasurer with Subscription Form

SURNAME: GIVEN NAME: Registration No. A.....

ADDRESS:.....

.....POSTCODE

TEL: (H)..... (FAX) (M)

EMAIL ADDRESS:

LANGUAGES SPOKEN (OTHER THAN ENGLISH)

WHICH TRAINING ORGANISATION DID YOU COMPLETE YOUR TRAINING WITH:.....

Membership is renewable on 1st January each year.

I understand this application is subject to acceptance by the Committee of the Association and if accepted I undertake to accept and abide by the Rules of the Association. Furthermore, I state I am aware of the need for ongoing professional development and agree to attend Association and other opportunities for personal professional development wherever possible. I also undertake to provide high standards of professional quality service to my clients and abide by the Association's Code of Ethics which states:

Members shall:

- Ensure their conduct is of a professional standard
- Provide services to the satisfaction of their clients
- Maintain privacy and confidentiality of clients
- Educate and inform the public of the role of civil marriage celebrants
- Assist newly appointed celebrants
- Ensure marriages are solemnized with appropriate decorum and dignity
- When officiating as a celebrant, be well groomed and dressed in a manner which adds dignity to the occasion
- Arrive at each ceremony before the agreed commencement time and retire quietly after the ceremony
-

Signature of Applicant:..... Date:

Post this form AND subscription form, with payment details to -

The Treasurer,
ACMCV
38 Best St, Belgrave, 3160

Notification of the application approval will be forwarded to you after the next committee meeting of the ACMCV.

FOR ASSOCIATION USE

Application accepted by the committee on:

Member's details added to membership records

New member advised