

## EDUCATION AND CARE WORKFORCE

Registration Form					
ABN 59612246689					
Service Name	<b>Event Title</b>	•			
Address		Date		Time	
Suburb	Post Code	Location			
Email		State			
Phone					
Membership in a Professional Body has many rewards.			E	CW	ECW
Discover them NOW					ubscription
		Full Fee		ers Fee	number
Participant Name	Email	Check Event table for	Flyer and Event Fee		Issued when joining ECW
					Subtotal
Direct Credit Payments to be made to: <b>Australian Education and Care</b>	When paying by Direct Credit Please reference payment as follows: SURNAME (1st 4 letters) PHONE (Last 4 numbers)	\$	\$		
Workforce Professional Body		\$	\$		10 % GST
<b>BSB</b> 064 149	e.g Jenny Jones Ph 0438 551089 REFERENCE: Jone1089	\$	\$		TOTAL
<b>ACC</b> 10151502					
		_	vent	ECW Exceptiona	
Name on Card	M/Card Visa		orking	Member FRE	Members E \$50.00
Card	Wi/Card Visa		vening	\$25.0	
		half d		\$50.0	_
Signature	Expiry /	Full d		\$100.0	
_	MM YY	# Big	events er day	\$8	0 \$225.00
	CCN			ries, retreats)	
Discover Member Benefits NOW www.aecwpb.com Retain as Tax Invoice					

**THANK YOU FOR YOUR BUSINESS!** 

NB: Member benefits come into effect from date of payment - ONLY Esceptional Members are eligible for PD discounts Membership is held by the individual for the individual and not by the service Registration is transferrable NOT refundable Cancelation fee of \$25.00 applies to all cancellations

**Return completed form to** admin@aecwpb.com

**Ph: 1300 AEC WPB**