



APPLICATION/RENEWAL FOR FULL/ASSOCIATE MEMBER 2010/2011

*Full Members/Associate Members being the organisations which administer the affairs of a cemetery and/or a crematorium in South Australia.
Only full members have voting rights*

NAME (Organisation) _____

NOMINATED REP _____ TITLE _____

ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE () _____ FACSIMILE () _____

EMAIL _____

WEBSITE _____

NAME & LOCATION OF FACILITIES

1. _____

2. _____

3. _____

4. _____

5. _____

FEES (please tick appropriate membership level)

Full Membership
Fee \$AUD100.00

Associate Membership
Fee \$AUD50.00

PAYMENT DETAILS

Please Remit to: **CASA** C/- 760 GOODWOOD ROAD, PASADENA, SA 5042

COMPANY/ORGANISATION NAME: _____

I enclose Cheque Money Order for \$ _____ (made payable to Cemeteries Association of South Australia)
OR

DIRECT DEPOSIT DETAILS: CASA, ANZ – CASTLE PLAZA BSB 015-225 A/c # 417712767

OR

Please debit my Mastercard Visa for \$ _____ Expiry Date ___/___

Cardholder's Name _____ Cardholder's Signature _____

Please make all cheques or money orders payable to the
Cemeteries Association of South Australia (please write in full)