

Membership Renewal/Application Form: 1 January to 31 December

Please send this form with payment of your **annual membership fee of \$50.00** via post with your cheque, or email with EFT/Visa/Mastercard details to our office as detailed above; or join/renew online via the website. All memberships expire 31 December of each year.

I,
 Full name of existing member or applicant including title e.g. Judge, Mr, Mrs, Ms etc

- Wish to **renew my membership to COAT NSW** at a cost of \$50.00 (please advise any changes to your contact details)
- Wish to **join the COAT NSW** at a cost of \$50.00 (you will also need to complete below)

Address

Suburb Post Code

Email address
 (Please note all communication with members is via email so please ensure you advise of any changes)

Phone / Mobile

Agree to be bound by the Constitution of the Council of Australasian Tribunals, NSW Chapter Incorporated and hereby apply to become a member of this chapter. I agree to be bound by the rules of the chapter for the time being in force. I declare that I am supportive of the Objectives of the Council of Australasian Tribunals Incorporated. Please visit the COAT website to view details.

I am a member/employee of the following tribunal(s)/organisation:

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 Membership is not limited to members or employees of tribunals but is open to all persons interested in the work of tribunals.

IMPORTANT INFORMATION

- Please keep a copy of this form for your records and income tax purposes. COAT NSW is a NFP incorporated association and is not registered for GST.
- If you are not sure whether or not you are a member of COAT NSW, or if you have any queries, please contact Kathryn McKenzie (Secretariat) on 0418 281 116 or email nswchapter@coat.asn.au

PAYMENT INFORMATION (Please tick payment method)

<input type="checkbox"/> Electronic transfer. Please forward payment advice to: nswchapter@coat.asn.au Commonwealth Bank BSB: 062 102 Account: 1012 2167	<input type="checkbox"/> Cheque payable to "Council of Australasian Tribunals NSW Chapter Inc": Council of Australasian Tribunals Inc PO Box 268, Darlinghurst NSW 1300
<input type="checkbox"/> Credit Card Payment (MasterCard or Visa Only) Card Number: _____ Expiry Date: _____ Cardholder Name: _____ CVV: _____ Signature: _____	