



AUSTRALIAN
NATIONAL
CHORAL
ASSOCIATION

THE AUSTRALIAN NATIONAL CHORAL ASSOCIATION

ABN 84 529 930 920 --- ARBN 097 629 448

2020 - 2021

MEMBERSHIP APPLICATION FORM / TAX INVOICE

Return via Email or Post:

ANCA Administration
PO Box 1757,
Collingwood, VIC, 3066

Email: admin@anca.org.au

Membership Application

New Membership Renewal Re-joining

APPLICANT NAME (Choir / School / Individual/ Institution) _____

CONTACT PERSON _____

POSTAL ADDRESS _____ SUBURB _____

STATE _____ POSTCODE _____

TEL (W / H) (_____) _____ (M) _____ FAX (_____) _____

EMAIL _____

USERNAME _____ PASSWORD _____

Please create a username and password for your membership account. This will be set up when your application is processed. Once logged in you can manage your account, update address details, apply for insurance, list your choir and more!

Choir/School/Organisation details

CONDUCTOR'S NAME _____

CHOIR WEBSITE _____

CONTACT EMAIL (if different from above) _____

REHEARSAL DAY & VENUE _____

Membership Type PLEASE TICK BOX

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | SCHOOL (per campus) | \$95.00 |
| <input type="checkbox"/> | CHOIRS AND CHORAL ORGANISATIONS TYPE A (1 - 74 members) | \$95.00 |
| <input type="checkbox"/> | CHOIRS AND CHORAL ORGANISATIONS TYPE B (75 - 299 members) | \$140.00 |
| <input type="checkbox"/> | CHOIRS AND CHORAL ORGANISATIONS TYPE C (300+ members) | \$190.00 |
| <input type="checkbox"/> | INDIVIDUAL MEMBERSHIP | \$80.00 |
| <input type="checkbox"/> | CONCESSION (students/ pensioners only) | \$54.00 |
| <input type="checkbox"/> | INSTITUTION (subject to council approval) | \$170.00 |

ANCA retains the right to reject membership applications where they are deemed to not be in line with ANCA's constitution.

Through a partnership with Aon Risk Solutions, ANCA can offer discounted insurance policies to members. Once your membership payment has been processed, please log in to the Members' Area via anca.org.au using your log in details above. Select *Signup for Insurance Online* to apply. Aon will follow up your application, or you may call on 1800 123 266 with any queries.

Method of Payment

CHQ CREDIT CARD EFT to BSB: 034 063
Acc #269 440

CARD TYPE Visa / Mastercard (**PLEASE CIRCLE**)

NAME ON CARD _____ CREDIT CARD EXPIRY DATE ____/____/____

SIGNATURE _____ TODAY'S DATE _____