



COMMONWEALTH SAFETY MANAGEMENT FORUM

(ABN 62472813061)

Member Application Form

This form is used when Agencies and individuals wish to become members of the Commonwealth Safety Management Forum (CSMF). In accordance with the CSMF Constitution, each member agency can nominate their representative included as a part of their membership on this form. Additional people may also use this form for supplementary membership to the CSMF.

Surname		Title		Given Names	
Organisation					
Job Title					
Membership Category (e.g. Full, 2 years)					
Address for Correspondence					
Telephone	Work		Fax		Mobile
Email					
Mailing List	Do you wish to receive information from other CSMF Members?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature				Date	

PAYMENT DETAILS

Cheque attached Direct Debit Credit Card

Is an Invoice Required? Yes No

CREDIT CARD

Credit Card Number: ____/____/____/____

Expiry Date: ____/____

Credit Card Type: _____

Amount: _____

Name on Card: _____

Signature: _____

CHEQUE

Cheques should be made payable to **Commonwealth Safety Management Forum** should be addressed to: **The Treasurer, GPO Box 2157, CANBERRA CITY ACT 2601**

DIRECT DEBIT

Direct Deposit to the Commonwealth Safety Management Forum:

BSB: 112-879

Account No.: 054 958 142

Bank: St George, Canberra Centre