

AUSTRALIAN COUNCIL ON CHILDREN AND THE MEDIA

(incorporating Young Media Australia)

P O Box 1240 GLENELG SOUTH SA 5045

ABN: 16 005 214 531

Phone: (08) 8376 2111 Fax: (08) 8376 2122

www.childrenandmedia.org.au info@childrenandmedia.org.au



Application Form

Section 1 - I am interested in the work of ACCM. I would like to:

- Become a member of the Australian Council on Children and the Media (incorporating Young Media Australia) and receive *small screen* (a monthly news digest - 11 issues per year). Please complete Sections 2 and 3 of this form.
- Subscribe to *small screen* (ACCM's monthly news digest - 11 issues per year). Please complete Sections 2 and 3 of this form.
- Provide a tax deductible donation. ACCM is endorsed as an Income Tax Exempt Charity Entity and as a Deductible Gift Recipient - donations of \$2 or more are tax deductible. Please complete Sections 2 and 3 of this form.
- Receive the free E-Bulletin. Please give your email address in Section 2.

Section 2 - My details

Name: _____

Organisation: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

E-mail: _____

Section 3 - Payment details (all inclusive of 10% GST)

- | | |
|---|-----------|
| <input type="checkbox"/> National Organisation | \$ 280.00 |
| <input type="checkbox"/> State or Local Organisation | \$ 100.00 |
| <input type="checkbox"/> Individual Membership | \$ 65.00 |
| (Membership is renewable on 1 July each year) | |
| <input type="checkbox"/> <i>small screen</i> subscription | \$ 66.00 |
| <input type="checkbox"/> Donation (tax deductible) | \$ _____ |

Total _____

Bank transfer BSB: 065 109 ACC: 10008669 Cheque enclosed (payable to Young Media Australia)

Credit card Visa / Mastercard

Name: _____ Expiry date: _____ CCV No: _____

Card No:

Signature: _____ Date: _____

Please complete and return this form to:

Australian Council on Children and the Media, P O Box 1240 Glenelg South, SA 5045 or fax to: (08) 8376 2122