

Application for Membership
of
New South Wales College
of
Clinical Pastoral Education Incorporated
ABN 96 039 841 861
(Incorporated under the Association Incorporation Act 1984.)

I,
(Title) (First name) (Surname)

of,Postcode.....
(address of applicant)

.....
(occupation of applicant)

Email Address:.....

hereby apply to become a member of the above named incorporated College under clause 4.1 (a). I have satisfactorily completed one (1) Unit of Clinical Pastoral Education. In the event of my admission as a member, I agree to be bound by the rules of the College for time being in force.

.....
(signature of applicant) (date)

I, being a member of the College, nominate the above applicant, who is personally known to me, for membership of the College.

.....
(signature of proposer) (date)

I, being a member of the College, second the nomination of the above applicant, who is personally known to me, for membership of the College.

.....
(signature of seconder) (date)

Please note:

In accordance with clause 10 of the Constitution of The New South Wales College for Clinical Pastoral Education Inc., an admission fee of \$10 is payable along with the annual membership fee of \$50, renewable each year. Once your application has been accepted by the Executive you will receive an invoice from the office (payment details will be attached). Payment should be made via direct entry to the College account or by cheque, forwarded to:

Academic Registrar/ Administrative Secretary
PO Box 1983 Woollooware NSW 2230
carolynccpe@outlook.com
<http://www.cpensw.com>

