

CMAA AFFILIATE APPLICATION FORM

Name _____	Date of Birth _____
Club/Company _____	Position/Title _____
Club/Company Address _____	
Club/Company Phone _____	Mobile _____
Email _____	
Home Address _____	
Home Phone _____	
Authorised by Manager (name) _____	Position/Title _____
Signed by Manager _____	Email _____

Email addresses will be used to provide updates on CMAA Training and confirmation of your application.

Indicate (circle) if you wish to receive updates **YES / NO**

Important: ensure you have attached the following forms with this application:

1 - Current position description detailing position and duties

2 - Covering letter written by your manager on Club letterhead verifying your position and length of tenure

Return your completed form and supporting documents with payment to: Club Managers' Association Australia,
"CMAA Affiliate Program", PO Box 4036 Carlton NSW 2218

- Find my Cheque enclosed
 \$280.00 one-off fee (per person)

Or Debit my Credit Card Visa/Mastercard only

Card Number _____

Expiry Date _____ / _____

Name on Card _____

Total Payment \$ _____

Signature _____

CMAA PRIVACY POLICY: last updated 30 June 2014. The CMAA is committed to protecting your privacy & the confidentiality of information provided to us as per the Privacy Act 2001. The information you provide is necessary for the processing of your registration & updating your current records with us. The information will be used to contact you regarding registrations & cancellations, a range of current & future development opportunities & other prospective events that may be of interest to you. Information provided by you may be disclosed to a relevant third party as a part of the registered training organisation TQS requirements. Information may also be disclosed to our associates & related parties for the purposes of marketing professional development opportunities. Students may opt out of receiving marketing material by contacting the CMAA Student Services Coordinator & requesting to 'unsubscribe'. I "DO" or I "DO NOT" (Please circle the relevant description) GIVE PERMISSION TO CMAA TO DISCLOSE ANY INFORMATION PROVIDED BY ME ON THIS FORM TO ANY THIRD PARTY.



CONTACT THE CMAA FOR MORE DETAILS



MAJOR PLATINUM PARTNER

PO Box 4036 Carlton NSW 2218

• Phone 02 9746 4199 • Web www.cmaa.asn.au

• Email cmad@cmad.asn.au • Email training@cmad.asn.au