

\$300 once-off fee (per person)

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, length of tenure and your pay level

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

alternatively, email to [cmaa@cmaa.asn.au](mailto:cmaa@cmaa.asn.au)

One off fee  
\$300.00 incl GST

Or Debit my Credit Card  Visa/Mastercard only

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_ ccv# \_\_\_\_\_

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.

