



Association of Consulting Architects

New South Wales and ACT

Please return this part together with your remittance to :-

The Executive Officer
Association of Consulting Architects - NSW Branch
PO Box 52
Thornleigh
NSW 2120

2011/2012
SUBSCRIPTION
NOTICE and
TAX INVOICE
ABN 97 471 457 823

I/we hereby apply to:

[] Commence our membership of the ACA-NSW/ACT Branch

Practice details, please amend as necessary:

Your Practice's ACA Membership No.

Phone

Fax

email

ABN

Enclosed please find my/our Annual Subscription for the financial year 2011/2012

Subscription rates are generally based on the number of technical staff which is defined as architect principals, architects, students, draughtspersons, graphic designers, non-administration employees and regular office-based contractors.

[] We are a Small/ Sole Practice (1 to 3 staff)

For calculating our subscription and the staff rate used, we state that, including principals, we have:

- [] 1 technical staff - \$0.00
[] 2 technical staff - \$55.00
[] 3 technical staff - \$132.00

Insert Staff Rate: \$

plus

Practice Rate \$ 396.00

TOTAL DUE \$

[] We are a Medium Practice (4 to 25 staff)

We have technical staff including the principals, so our subscription is calculated as follows:

Technical Staff component

... staff X \$55.00 \$

plus

Practice Rate \$ 396.00

TOTAL DUE \$

[] We are a Large Practice (over 25 staff)

For our statistical purposes, please state the number of technical staff in your practice

We have technical staff including the principals, so our subscription is calculated as follows:

Technical Staff component

Fixed Rate \$ 1716.00

plus

Practice Rate \$ 396.00

TOTAL DUE \$ 2112.00

NOTE: All remittance totals include GST and are Due and Payable 1st July 2011

I / We agree to abide by the Constitution and rules of the Association of Consulting Architects.

Signature

Date

PAYMENT METHOD OPTIONS

Please return this form, signed, separately to confirm staff numbers and practice details

[] Cheque in favour of ACA - NSW Branch or

[] Direct Deposit please reference your ACA Membership No.

Bank National Australia Bank
Branch Name 300 Victoria Ave. Chatswood NSW
Account Name ACA - NSW Branch
BSB Number 082-201
Account Number 8923 42339

[] Credit Card Payment Cards other than those below not accepted
VISA [] Mastercard [] AMEX []

Cardholder's Signature

Card Number Expires: /

Name on Card

This document will be a tax invoice for GST purposes when you make payment. Please retain a copy for your records.