ASSOCIATION OF CIVIL MARRIAGE CELEBRANTS OF VIC INC

APPLICATION FOR MEMBERSHIP

SURNAME: …… .GIVEN NAME: …… Registration No. A ……..

ADDRESS:……

…… ..POSTCODE ……

PHONE (M) ……EMAIL ADDRESS: ……

Where did you complete your celebrant training:……

I understand this application is subject to acceptance by the Committee of the Association and if accepted I undertake to accept and abide by the Rules of the Association. Furthermore, I state I am aware of the need for ongoing professional development and agree to attend Association and other opportunities for personal professional development wherever possible. I also undertake to provide high standards of professional quality service to my clients and abide by the Association's Code of Ethics which states:

Members shall:

- Ensure their conduct is of a professional standard
- Provide services to the satisfaction of their clients
- Maintain privacy and confidentiality of clients
- Educate and inform the public of the role of civil marriage celebrants
- Assist newly appointed celebrants
- Ensure marriages are solemnized with appropriate decorum and dignity
- When officiating as a celebrant, be well groomed and dressed in a manner which adds dignity to the occasion
- Arrive at each ceremony before the agreed commencement time and retire quietly after the ceremony

Signature of Applicant:…… Date: ……

LEVELS OF MEMBERSHIP:

Full member	(Authorised marriage celebrant)
Associate member	(Celebrant performing other ceremonies)
Student member	(Celebrant undertaking training and not yet authorised)
Alumni member	(Former authorised celebrant, now retired)

Full member has right to vote and stand for committee. Associate, student and alumni members don't have the right to vote or stand on committee. Student members will be required to notify secretary when they receive their "A" number so that insurance invoice can be sent.

Notification of the application approval will be forwarded to you within a few days of payment receipt.

Scan or copy these 2 pages and email to treasurer: acmcvtreasurer@gmail.com

ASSOCIATION OF CIVIL MARRIAGE CELEBRANTS OF VIC.

2026 MEMBERSHIP & PL & P I INSURANCE

NOTE: The ACMCV membership includes Public Liability and Professional Indemnity insurance.
You will remain insured as long as you are a financial member of the ACMCV. The ACMCV membership year runs from January 1 to 31st December. The policy is a Master Policy of Insurance under the umbrella of the Coalition of Celebrant Associations (CoCA), and its participating associations.If you have a query about insurance contact acmcv@bigpond.com_Certificates of Currency will not be sent out unless requested. If you require one contact us at acmcv@bigpond.com
Professional Indemnity &Public and Products Liability Insurance Business: All approved ceremonies.Public &Products Liability: $20,000,000 each and every occurrence and includes Care Custody and Control of $100,000 in all.Professional Indemnity: $3,000,000 each and every occurrence or act error or omission & $6,000.000 in the aggregate during the period of insurance. Excess $500 each and every claim.

Optional extra: We offer Copyright insurance(CAL) as an optional extra. Cost for this type of insurance is $45. If you wish to add it please tick the box below.

NOTE: Our joining fee is a once off - to cover processing of membership. Thereafter it is just annual membership &insurance.

HOW TO PAY

Bank deposit / transfer
Our BSB is: 063 208
Our Account is: 00901637
Our account name is: Assoc. Civil Marriage Celebrants of Vic. Inc.
Commonwealth Bank, Ferntree Gully.
IMPORTANT: Make sure you include your surname as a reference, i.e. MERRIWEATHER-SUBS

NOTIFICATION TO US

Please FILL in this form, scan it and email it to our treasurer, Deb Chaplin at acmcvtreasurer@gmail.com

YOUR RECEIPT

We do not send receipts. You must keep this page as your receipt.

New Full & Associate Member

Joining Fee	$20	
Membership	$60	
Insurance (PL&PI)	$40	
Total to pay	$120	or
Optional extra:		☐
* Copyright Insce	$45	
Total to pay	$165	

New Student Member

Joining fee	$20
Membership	$60
Total to pay	$80

Alumni Member no charge

TO THE ACMCV Inc.
Please accept my payment for 2026 membership, PL & PI Insurance (and optional CAL insce).

SURNAME	GIVEN NAME
NO. & STREET	SUBURB & P'CODE
MOBILE	REGISTRATION NO. A.
EMAIL	DATE OF BANK DEPOSIT:
LEVEL OF MEMBERSHIP REQUIRED	AMOUNT PAID:

I hereby agree that my membership is conditional upon acceptance and compliance with the Constitution and Rules of the Association.

Signature ..... Date: .....