



## Important Subscription & Insurance Information

**Complete Page 2 & 3 and send to Treasurer  
(either scanned and emailed or posted).**

### **I N S U R A N C E   I N F O R M A T I O N**

Our new insurance policy offers far greater protection.

- **Professional Indemnity** will give you \$3,000,000 for any one claim and \$6,000,000 aggregate.
- **Public Liability** will give you coverage of \$20,000,000 any one occurrence and \$20,000,000 aggregate.
- **Property in care, custody and control.** \$100,000 each and every occurrence.

**Excess is \$500 for each and every claim**

### **METHODS OF PAYMENT:**

1. **BANK DEPOSIT/TRANSFER:**

Our bank details are:

COMMONWEALTH BANK, Ferntree Gully

Account Name: Association of Civil Marriage Celebrants of Vic. Inc.

BSB: 063 208 ACCOUNT NUMBER: 00901637

**Important:**

Make sure you put your surname on the reference line when you make the transaction.

Make sure you post or scan and email Pages 2 & 3 to the treasurer.

Email to: **bobscelebrant@bigpond.com**

Postal address: The Treasurer, ACMCV, 38 Best Street, Belgrave, Vic, 3160

2. **CHEQUE OR MONEY ORDER:**

If paying by cheque or money order – make payable to ACMCV

Post Pages 2 & 3 with your cheque or money order to

The Treasurer, ACMCV, 38 Best Street, Belgrave, Vic, 3160

Receipts are not sent out so keep a copy of this for your own records

## **YOUR RECORD OF PAYMENT**

2020 Subscription & Insurance    \$ **70-00**

DATE PAID: .....

Bank Deposit on ..... or cheque posted on .....



ASSOCIATION OF CIVIL MARRIAGE CELEBRANTS OF VICTORIA INC

## SUBSCRIPTION & INSURANCE 2020

**Please print in BLOCK letters.** Then send to the Treasurer (with payment or details of how and when you paid by bank deposit). If sending by mail, post to: Treasurer, ACMCV, 38 Best Street, Belgrave, 3160 or if scanning this form Email to: bobscelebrant@bigpond.com

To the ACMCV Inc., Please accept my payment (details as listed below) for  
2020 Membership of the ACMCV Inc. including Public Liability & Professional Indemnity insurance.

PLEASE PRINT IN BLOCK LETTERS

SURNAME	GIVEN NAME

NO. & STREET	SUBURB	POSTCODE

HOME PHONE	MOBILE

EMAIL ADDRESS	REGISTRATION NO.
	A

SUBSCRIPTION \$ 70.00 (membership & insurance)

### *Method of payment:*

Chq attached ☐ or Bank deposit on .....

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

SIGNATURE: .....

DATE: .....

For use by Treasurer
Receipt No.
Membership List
Labels



# APPLICATION FOR MEMBERSHIP

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

ADDRESS:.....

.....POSTCODE .....

TEL: (H)..... (M) .....

EMAIL ADDRESS: .....

LANGUAGES SPOKEN (OTHER THAN ENGLISH) .....

Membership is renewable on 1<sup>st</sup> January each year.

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: .....

Send this page and also Page 2 to the Treasurer, either by scanning and emailing to [bobscelebrant@bigpond.com](mailto:bobscelebrant@bigpond.com) or by mail to: The Treasurer, ACMCV, 38 Best St, Belgrave, 3160

Notification of the application approval will be forwarded to you after the next committee meeting of the ACMCV.

## FOR ASSOCIATION USE

Application accepted by the committee on: .....

Member's details added to membership records

New member advised .....