



# ACT Career Education Association Inc.

## 2007 Membership Application/Renewal

Title:	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>
Surname:				First Name:				
School/Organisation:								
Postal Address:								
Suburb/Town:				Postcode:				
Phone:				Fax:				
Email:								

### Training:

How many years have you been teaching/working in careers?	
What formal training have you completed in careers education/counselling? Please give details...	
In which year did you complete this training?	
What estimate (%) of a FTE load is dedicated to Careers/Work Experience in your school?	

### Professional Development

What additional professional development/information activities would you like ACTCEA Inc to organise?	
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### Application for membership/renewal

Payment may be made by cash/cheques (Please make all cheques payable to ACTCEA)	
I wish to apply for membership:	<input type="checkbox"/> Individual \$30
	<input type="checkbox"/> School (max of 2 attendees) \$50
	<input type="checkbox"/> Associate (non-teachers) \$30
Enclosed:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque

I agree to abide by the code of ethics as set out in the Professional Standards for Australian Career Development Practitioners.	<input type="checkbox"/>
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Signature:	
_____	
Date:        /        /	

Post to:	<b>ACT CAREER EDUCATION ASSOCIATION Inc.</b> <b>PO Box 904</b> <b>MACQUARIE ACT 2614</b>  <b>ABN 43 356 626 127</b>
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