

Australian Anglican Diaconal Association
Membership Application

Name.....Title.....

Address.....

City.....State.....Postcode.....

Home Phone (incl area code) Mobile Phone

Business Phone (if applicable).....Email.....

I hold a licence from the Bishop of the Diocese of.....

I am currently (please tick appropriate box)

Deacon Deaconess Candidate for Ordination Diaconal Worker

I enclose a cheque/money order for \$50

I understand this payment entitles me to membership for 2 years from the date of the AADA
Bi-ennial Conference

Signature.....

Please mail this form to:

The Rev'd Barbara Moon
PO Box 86
Greenthorpe NSW 2809