

The Australian Anglican Diaconal Association



MEMBERSHIP APPLICATION

Title: _____

Surname: _____ First Name: _____

Address: _____

City: _____ State: _____ Postcode: _____

Home Phone: (Include Area Code): _____ Mobile: _____

Business Phone: (If applicable): _____

Email: _____

I hold a licence from the Bishop of the Diocese of: _____

I am currently a: (please check appropriate box):

- Deacon
- Deaconess
- Candidate for Ordination
- Diaconal Worker

The following payment of \$50.00 is for a two-year membership from the date of the AADA Biennial Conference.

Payment Options:

- Mail a form and a cheque to: **Christine Barren, P.O. Box 71, Shoreham, VIC 3916**
- Pay online: **Email form to: sunningfields62@gmail.com**

Bank Details:

BSB: 034 119

ACCOUNT: 154950

BANK: Westpac

Please make reference to payment with name and AADA Membership.