



FELLOWSHIP PROGRAM

ENROLMENT FORM



NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE: (Bus.) (_____) _____ (Priv.) (_____) _____

(Fax) (_____) _____ MOBILE: _____

EMAIL: _____

I wish to enrol in the ACNEM Fellowship Program.

Signature: _____ Date: _____

I am a Full Member of ACNEM[§] My membership application is attached

([§]Candidates must be financial, full members of the College)

• You may enrol with a deposit of \$440 - the balance to be payable by monthly instalments from your credit card account until the balance is paid. The balance must be paid before you sit the Part II exam.

I enclose my cheque or Please charge my credit card (details below) for:

AU\$2,420 or

AU\$440 (deposit) and then please debit my credit card (details below) with \$330 on the 1st day of each of the next 6 months.

Signature: _____ Date: _____

OFFICE USE ONLY

Application Confirm

Member

Paid Full

Deposit & Terms

dBase

Q

Excell

Course Done

Course #

For payment by Visa or Mastercard:

Card number:

Tick card type: Visa: Mastercard:

Expiry Date: ___/___/___ Name on card: _____

Pay AU\$ _____ to ACNEM Signature: _____