

ABN 96 711 529 328
PO Box 1537, Macquarie Centre, NSW 2113

fccnsw.myphotoclub.com.au

TAX INVOICE

Application for Membership of the Federation of Camera Clubs (NSW)

PLEASE COMPLETE ALL DETAILS TO ASSIST THE FCC

OFFICIAL NAME of Club				
MAILING ADDRESS				
	to be a Member of the be bound by the rules o) Inc.
President's Signature	 Date	Secretary's Signature		 Date
Please provide the details fo	or the following members	of your club's committ	ee.	
PRESIDENT				
NAME	ADDRESS	PHONE	EMAIL	
SECRETARY				
NAME	ADDRESS	PHONE	EMAIL	
		I	I	
TREASURER	4000500	2000		
NAME	ADDRESS	PHONE	EMAIL	
FCC DELEGATE		2110115	EMAIL	
FCC DELEGATE NAME	ADDRESS	PHONE	LIVIAIL	
	ADDRESS	PHONE	LIVIAIL	

	of month:to be listed in the club find			
PUBLIC CONTACT – The	ese details will be used to a	inswer enquiries and	d on the FCC web page	
NAME	PHONE	MOBILE	EMAIL	
Club Web Page Addres	s:			
Number of Members	5			
Do you require Broad	form / Public Liability Insu	rance?		
Do you require Volun	teer Workers Insurance?			

Please email your completed application to the FCC Secretary - nswfccsecretary@gmail.com
An invoice for the membership fee will then be issued.

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