



**ANNUAL SUBSCRIPTION**

**MEMBER NAME**

**ACCOUNT DUE**

**28TH FEBRUARY**

**RESIDENTIAL ADDRESS**

**POSTAL ADDRESS (PLEASE INCLUDE P/CODE)**

**PHONE - MOBILE**

**PHONE - HOME**

**EMAIL ADDRESS (MUST BE SUPPLIED TO RECEIVE PRESIDENT REPORTS, NEWSLETTERS, NOTIFICATIONS)**

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**STUDIO/BUSINESS NAME**

**A.B.N.**

**STUDIO ADDRESS**

**STUDIO/BUSINESS PHONE**

**MEMBERSHIP TYPE & FEE** PAYMENT MUST BE RECEIVED WITH FORM

- JUNIOR TEACHER** \$55.00       **AFFILIATE TEACHER** \$180.00       **PROBATIONARY** \$180.00
- ASSOCIATE TEACHER** \$155.00       **MEMBER TEACHER** \$155.00       **LICENTIATE TEACHER** \$155.00
- NEW MEMBER REGISTRATION** \$50.00       **RE-REGISTRATION FEE** (DUE FOR MEMBERSHIPS THAT HAVE LAPSED 1YR+) \$100.00

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**TOTAL AMOUNT PAYABLE (INCLUDES GST)**

- I WOULD LIKE MY BUSINESS NAME, LOCATION, AND CONTACT DETAILS INCLUDED ON THE COMPANY WEBSITE** (PLEASE SUPPLY INFORMATION IF DIFFERENT TO ABOVE DETAILS)
- I HAVE READ SECTION 3 OF THE ONLINE TEACHERS MANUAL, "CODE OF ETHICS", AND I ACKNOWLEDGE AND AM AWARE OF THE COMPANY'S CONDUCT GUIDELINES**
- I UNDERSTAND THAT ATOD SYLLABI WORK MAY ONLY BE PRESENTED IN ATOD EXAMINATIONS/ASSESSMENTS AND MAY NOT BE PRESENTED FOR ASSESSMENT BY OTHER ORGANISATIONS OR IN-HOUSE ASSESSMENTS.**

**I UNDERTAKE PROFESSIONAL DEVELOPMENT EACH YEAR**       **YES**       **NO**      **IF YES PLEASE LIST DETAILS BELOW**

**PLEASE RETURN TO:** PLEASE RETURN TO: [SECRETARY@ATOD.NET.AU](mailto:SECRETARY@ATOD.NET.AU) OR TRACEY JONSSON (COMPANY SECRETARY) PO BOX 565 WATERFORD QLD 4133

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CREDIT CARD PAYMENT

**NAME ON CARD**

**CARD NUMBER**

**EXPIRY DATE**

**CCV**

DIRECT TRANSFER

**WESTPAC BANK DETAILS BSB 033-337 A/C NO 131-680**  
(PLEASE QUOTE YOUR SURNAME AS THE REFERENCE NUMBER)

CHEQUE PAYMENT

**PLEASE MAKE PAYABLE TO ATOD LTD, P O BOX 565**  
**WATERFORD QLD 4133**