## Professional Counselling Association of the ACT and NSW Inc Member and Guest Attendance Form

**Branch Name:** 

ILLAWARRA

	Date of Meeting:	24 563	2018					
No.	Surname	Given Name	Attendees Signature	PCA (ACT/NSW) Member No.	Tick if guest	Fee paid by Surcharge guest to fee paid by attend financial meeting (\$) member (\$)	Fee paid by Surcharge guest to fee paid by attend financial meeting (\$) member (\$)	Receipt attached (Y/N)
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1. No. of attendees
2. No. of guests
3. No. of members

(3) Total number of financial members of the PCA(ACT/NSW)

Sheet \_\_

(2) Total number of all guests

|(1) Includes ALL attendees ie members, guests, speakers, special guests etc

NOTE: Please endorse receipt for on-line payments. Attendee must provide proof of on-line payment.

SUMMARY

NOTES:

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Receipt

(V/N)

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