

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

Branch Name: ILLAWARRA

Date of Meeting: 7.12.19.

No.	Surname	Given Name	Attendees Signature	PCA (ACT/NSW) Member No.	Tick if guest	Fee paid by guest to attend meeting (\$)	Surcharge fee paid by financial member (\$)	Receipt attached (Y/N)
1	CHENS	CAEOL	<i>[Signature]</i>	451				
2	Gawronski	Desirée	<i>[Signature]</i>	421				
3	WRIGHT	DEMISE	Demise Wright	397				
4	WELL	FIANA	<i>[Signature]</i>	440				
5	Bourdett	Christine	<i>[Signature]</i>	609				
6	Ellsworth	Tanya	<i>[Signature]</i>	479				
7	HALSTEAD	PILIL	<i>[Signature]</i>	462				
8	NOEL	FAYEL	<i>[Signature]</i>	537				
9								
10								

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

NOTES:

SUMMARY	
1. No. of attendees	8
2. No. of guests	1
3. No. of members	9

- (1) Includes ALL attendees ie members, guests, speakers, special guests etc
- (2) Total number of all guests
- (3) Total number of financial members of the PCA(ACT/NSW)