

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

Branch Name: Illawarra PCA
 Date of Meeting: 16-2-19

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	COUL	Fiona	<i>[Signature]</i>	440				
2	CLEWS	CAROL	<i>[Signature]</i>	451				
3	HALSTEAD	PHIL	P. Halstead					
4	MUNGHAN	KIM	<i>[Signature]</i>	463				
5	BARNARD	DANNA	<i>[Signature]</i>	472				
6	ELSWORTH	TAMA	<i>[Signature]</i>	479				
7	WALLIS	Carie	<i>[Signature]</i>	415??				
8	Sweeney	Kelly	<i>[Signature]</i>					
9	ROVER	Tracey	<i>[Signature]</i>	459				
10								

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

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

NOTES:
 (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)