



Name:..... Member No:.....

Employer: .....

I request that the AGCSA award me accreditation points for:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presenting                        | <input type="checkbox"/> Published Paper/Article | <input type="checkbox"/> AGCSA Initiative      |
| <input type="checkbox"/> Lecturing/Teaching                | <input type="checkbox"/> Further Education       | <input type="checkbox"/> ASSOC. Membership     |
| <input type="checkbox"/> Research/Trials                   | <input type="checkbox"/> Survey                  | <input type="checkbox"/> Volunteer/Social Work |
| <input type="checkbox"/> Conference/Workshop/Seminar ..... |  |  |

Please find attached proof of completion/participation

- \* Points will be awarded retrospectively up to three months prior to the date of application.
- \* Supporting documentation must accompany application.
- \* Applicant will be notified upon awarding of points.

**Send to: Manager, Events and Education, Suite 1/752 Blackburn Road, Clayton VIC 3168 Fax: (03) 9548 8622**

**OFFICE USE:**

Points Awarded:..... Date:..... Notified by: .....

Checked by:..... Signed:.....

