

## **MEMBERSHIP UPDATE FORM**

Use this form to update your details if required

(Please PRINT all details)  Mr Miss Ms Mrs Dr (please circle)	
First Name/s: Surn	ame:
Address:	
Postal Address (if diff from above):	
Address for ACQ website (please circle): Full address	Suburb only
Telephone: Home/Bus:	
Email: F	Reg'n No: A
I confirm I will continue to observe professional standards and ethical behaviour as set by the Alliance in the Code of Ethics.	
Signature:	Date:
<b>WEBSITE ENTRY:</b> Include a description of your services in <b>no more than 100 words</b> . If you have registered as a religious celebrant, please indicate this at the end of your service description.	

## Please email your completed form to secretary.acq@gmail.com

If you need to update your photo, please attach a high resolution photograph to your email.

## **Privacy Statement**

The Alliance of Celebrants Queensland Inc (ACQ) will comply with all relevant legislation during the process of collecting personal information. Information collected will be for the purpose of fulfilling our role as an Association and conducting business with members and the public.

The ACQ will not sell or release personal information to an unrelated third party unless required by law and will take all reasonable steps to ensure the personal information we hold is accurate, up to date and stored securely.