

Annual Application Form

Organisation: _____

Principle Contact: _____ **Title:** _____

Address: _____

Postal Address: _____

Telephone: _____ **Email:** _____

Where do you want the invoices emailed to: _____

Website: _____

Fees:



Gold: \$2,000.00

☐

Silver: \$1,500.00

☐

Bronze: \$1,000.00

☐

Please refer to the CCASA website for sponsorship package inclusions

Payment Details

Organisation: _____

Contact Name: _____ **Telephone:** _____

Payment Made By: EFT ☐ Paid to **BSB: 015-225 Account No: 417712767**

Cheque ☐ Enclosed

Account Name: Cemeteries and Crematoria Association of South Australia

Please return to: info@cemeteriessa.com.au

or by mail:

CCASA Sponsorship Accounts
Cemeteries and Crematorium Association of South Australia
760 Goodwood Road, Pasadena SA 5042

Signed: _____

Dated: _____