

**2020 NATIONAL CHURCH DUES (DUE DATE 28TH FEBRUARY 2020)**

Church Name:		
Church ID:	Entity ABN:	
Church Meeting Address:		
Suburb:	State:	Postcode:
Postal Address: (if different to above)		
Suburb:	State:	Postcode:
Administration Address: (if different to above)		
Suburb:	State:	Postcode:
E-mail: (for business/administrative matters)		
Phone:	Phone (alternative):	

## Dues Calculation

The below calculation is for Australian Christian Churches (ABN 58 123 514 361) National Dues. Once complete, this document forms a Recipient Created Tax Invoice (RCTI) for your records.

<b>2019 Tithes &amp; Offerings:</b> (1 Jan - 31 Dec 2019)	\$	.
Are there other churches/campuses included in this calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, fill details below)
• Church/Campus Name (2):	Church ID (2):	
• Church/Campus Name (3):	Church ID (3):	
• Church/Campus Name (4):	Church ID (4):	
• Church/Campus Name (5):	Church ID (5):	
If more spaces are required please note these separately		
2020 ACC National Dues (at 1% of 2019 Tithes & Offerings):	\$	.
Less 10% Discount, for payment before 28 Feb 2020:	\$	.
Do you hold an ACC Religious Group Number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, number:
<b>Total Dues Payable (Add 10% GST if no Religious Group Number included):</b>	<b>\$</b>	<b>.</b>



## Declaration

Does your church abide by the ACC United Constitution and Movement Policies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has your church adopted and implemented a current Child Protection Policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, date your Child Protection Policy was formally adopted:	Date:	/ /
Does your church maintain appropriate insurance including coverage for 'public liability', 'directors & officers liability' and 'sexual molestation/abuse'?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is your church entity registered with the ACNC?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you completed your relevant ACNC reporting, the Annual Information Statement (AIS)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**'I declare that the above information and dues calculation are true and correct.'**

Full name of Senior Pastor (or their delegate) making this Declaration:	
Signature:	Date: / /

## Dues Payable

<input type="checkbox"/> <b>Premium Funding</b> <i>The information included in your Dues form will be forwarded to ACS</i>		
<input type="checkbox"/> <b>Cheque/Money Order</b> <i>Please make payable to: Australian Christian Churches</i>		
<input type="checkbox"/> <b>Bank Transfer</b>	<p><b>Our account details</b> Australian Christian Churches BSB: <b>063 146</b> Account Number: <b>1039 1792</b> Reference: <b>Please enter your Church ID</b>  <i>Please note: Referencing payment to Church ID is essential for tracing your payment.</i></p>	
<input type="checkbox"/> <b>Credit Card</b> (max \$3,000) <input type="radio"/> <b>Visa Card</b> <input type="radio"/> <b>MasterCard</b>  <b>Amount:</b> AUD\$		
Name on Card		
Card Number	Expiry: / CVC:	
Billing Details Address:		
Suburb:	Postcode:	State:
Country: <i>(If not Australia)</i>	Phone:	
I authorise Australian Christian Churches (ABN: 58123514361) to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.		
Signature:	Date: / /	

## Submit your form to ACC

**Mail** PO Box 8093, Norwest Post Office, Norwest NSW 2153 **Fax** +61 2 8853-5100