



The SCD Centre for Gospels Research. PO Box 1882 Macquarie Centre NSW 2113

### Application to Participate in the SCD Centre for Gospels Research

As a **Member (\$70)**  **Student Member (\$30)**   
**Associate Member (\$50)**  **Friend (\$40)**

YOUR CONTACT DETAILS	
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof	Other (please specify)
Last Name	First Name
Organisation	
Position	
Address	
Suburb/Town	Postcode
State	Country
Work Phone	Mobile
Email	

IF APPLYING TO BE A **MEMBER** OR **ASSOCIATE MEMBER**: I have attached a copy of my CV

IF APPLYING TO BE A **STUDENT MEMBER**: I have attached proof of my HDR enrolment status

Thesis topic: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Method of Payment - All amounts on this form are in Australian dollars (AUD\$) and include 10% Goods and Services Tax (GST).	
AMOUNT:	Member: \$70 <input type="checkbox"/> Associate Member: \$50 <input type="checkbox"/> Student Member: \$30 <input type="checkbox"/> Friend: \$40 <input type="checkbox"/>
<input type="checkbox"/> Cheque:	Send cheque to the SCD Office. Cheque payable in AUD to 'Sydney College of Divinity'
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Holder Name	CCV
Card Number	Expiry Date /
Signature	Date:
<input type="checkbox"/> Direct deposit	BSB: 082-201 Account no: 567870365 Account name: Sydney College of Divinity Please identify your deposit with the following Lodgement Reference / ID Code: C-YourSurname

Please forward completed form and supporting documents to: PeterB@scd.edu.au