



**CONFIRMATION**

As a member of Advertising Council Australia, please notify the ACA in writing as soon as reasonably possible of any significant change to any information provided or any other information which would affect your eligibility for membership. In signing the form, the member agrees to complete the ACA accreditation questionnaire as part of the membership process. The member agrees that on joining Advertising Council Australia it will be bound by the Code of Ethics, Data Collection Statement, Privacy Policy and all other rules and regulations enforced by Advertising Council Australia.

**SIGNATURES**

CEO

MD

Managing Partner

CFO

FD

3rd Party Accountant

Print Name

Print Name

Sign manually or with Digital ID

Sign manually or with Digital ID

Date

Date

**CONFIDENTIALITY**

Advertising Council Australia (ACA) promises and undertakes to the member as an ongoing separate promise and undertaking that ACA will not use the confidential information provided in this form for any purpose other than calculating the membership fee. ACA will not disclose the confidential information to any other person or permit any other person to have access to this information.

**RETURN FORM**

Please return this completed form by email to [membership@adcouncil.org.au](mailto:membership@adcouncil.org.au)

**QUESTIONS?**

Call the Advertising Council Australia Membership support team on 02 8297 3800 or email [membership@adcouncil.org.au](mailto:membership@adcouncil.org.au)