



CCASA SPONSORSHIP APPLICATION FORM – 2024/2025

Annual Application Form

Organisation: _____

Principle Contact: _____ **Title:** _____

Address: _____

Postal Address: _____

Telephone: _____ **Email:** _____

Where do you want the invoices emailed to: _____

Website: _____ **ABN:** _____

Fees:



\$3,700



\$2,700



\$2,200



\$1,200



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 Crematoria Association of South Australia, PO Box 294, Enfield Plaza SA 5085

Signed: _____

Dated: _____

Cemeteries and Crematoria Association of South Australia

www.cemeteriessa.com.au

President: Arun Ramchand | Adelaide Cemeteries Authority | t: 8139 7412 | e: Arun.Ramchand@aca.sa.gov.au
Postal Address: PO Box 294, Enfield Plaza SA 5085
Executive Assistant: Valda Baker-Wells | e: info@cemeteriessa.com.au

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