



CCASA SPONSORSHIP APPLICATION FORM – 2021/22

Annual Application Form

Organisation: _____

Principle Contact: _____ **Title:** _____

Address: _____

Postal Address: _____

Telephone: _____ **Email:** _____

Where do you want the invoices emailed to: _____

Website: _____ **ABN:** _____

Fees:



\$3,500

N/A



\$2,500



\$2,000



\$1,000



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: _____