



Committee Reconciliation Report

ACA Affiliated Committee Name: _____

Did you take any membership forms? Yes No

Membership Tally Table			
Membership Type	Rate (pp)	Quantity	Amount
Complete this section to include ALL memberships taken at event (Credit Card, Cash, Cheque, Online).			
Adult	\$110.00		\$
Couple (2 x adults)	\$198.00		\$
Family (2 x adults & 2 or more children)	\$260.70		\$
Juvenile (aged 13 years & under 17 years)	\$44.00		\$
Junior/Mini (under 13 years)	\$18.70		\$
Non-Competing (magazine subscription)	\$66.00		\$
			Total \$ _____

Cheque Details		
Full Name	Cheque Number	Amount
List payments made directly to ACA.		
		Total \$ _____

Committee Details		
Payments from Committee	Invoice Number	Amount
Draft Fees		\$

Totals	
Total Membership Fees	\$
Total Draft Fees	\$
Total Payment to ACA \$ _____	

Office use:	
Date Payment Processed: _____	Total: \$ _____
Payment Method: _____	Receipt Reference: _____
Cheque Number: _____	Name on Cheque: _____