



MEMBERSHIP APPLICATION

Membership Type : Single \$25 Family \$45

*required fields

Full Name:*

E-Mail:*

Address:*

Phone Number:*

DOB:

Occupation:

Preferred Contact*

Email

Phone

Mail /Post

**Please note: All memberships expire at the Annual General Meeting each year (Life Memberships excepted).

Invoices for renewal fees (if applicable) will be emailed to current financial members and are due and payable prior to this date.

Family Memberships ONLY - (Please complete details for additional members included in family membership)

Name:

DOB

Name:

DOB

Name:

DOB

Name:

DOB

Emergency Contact Name: *

Phone:*

1. Do you currently hold a Blue Card? Yes No Card Number and Expiry:

2. We are a volunteer not for profit organisation and value your time and commitment. In what areas can you contribute? Do you have experience that could assist us? Do you have a special interest or would like to learn a new skill whilst volunteering?

I/We agree to be bound by the Society's Bylaws, Rules (Constitution) and Code of Conduct for the term of our membership.

Signature:

Date:

OFFICE USE ONLY

Membership Nominated by:

Membership Seconded by:

Accepted:

Processed:

Signed: