

Association membership application form.

Individuals who support the objectives of the Association may apply for membership

Gender:			
<input type="checkbox"/> Female <input type="checkbox"/> Male (<i>Associate member - no voting rights</i>) <input type="checkbox"/> Non-binary/ Gender fluid <input type="checkbox"/> Different Identity			
I			(full name of applicant)
of			(address)
			(occupation & place of employment)
		(phone)	(mobile)
			(email)
<p>hereby apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree that I have read and agree with the objectives of the Association and agree to be bound by the rules of the Association for the time being in force.</p> <p>As a member I understand that any other member of the Association may review and request a copy of the Association's Membership Register. As a member I understand that my name must be provided to any member who makes such a request. The other information recorded on the membership register is my address, telephone and email contact details, the date of my initial approval as a member of the Association and my current financial status in relation to my membership.</p> <p>I give permission / do not give permission for this information to be made available. (please cross out the option you do not choose)</p>			
		(Signature of applicant)	(Date)
Are you affiliated with any organisation which may be of interest to our organisation? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide details:			
1			
2			
3			

Office Use: to be completed by members of the association and approved by the Board

I		a member of the Association, nominate the applicant above for membership of the Association.
	_____ (Signature of proposer)	_____ (Date)
I		a member of the Association, second the nomination of the applicant above for membership of the Association.

(Signature of proposer)

(Date)

Date approved by the Board:

Complete and email to info@rape-dvservices.org.au or

post with payment to:

Rape & Domestic Violence Services Australia

PO Box 555, Drummoyne NSW 2047

PAYMENT DETAILS (Credit card details will be shredded after processing)																	
Annual* Membership fee - \$20 – Waged / \$10 – Unwaged (includes GST)	\$																
Donation (tax deductible over \$2)	\$																
Total	\$																
<input type="checkbox"/> Cash																	
<input type="checkbox"/> Cheques are payable to Rape & Domestic Violence Services Australia																	
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard																	
Card No.:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Expiry Date:	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td> <td>CVV*</td> <td></td><td></td><td></td> <td>*last 3 digits on back of card</td> </tr> </table>			/			CVV*				*last 3 digits on back of card						
		/			CVV*				*last 3 digits on back of card								
Cardholder Name: _____																	
Cardholder Signature: _____																	

Note: when presenting this application form to the Board and storing this form in the organisation, the front page only will be recorded and the original, which includes the above information, will be destroyed.