

MEMBERSHIP OF COBRAM COMMUNITY HOUSE INC. APPLICATION AND/OR RENEWAL

Incorporation No. A7164

Personal Details (please complete in full):		
Title:	Residential Address:	
Given Name:	Suburb/Town:	
Family Name:	State:	Postcode:
Contact Phone Number:	Postal Address: <i>(If different from above)</i> :	
Mobile:	Suburb/Town:	
Work:	State:	Postcode:
Email Address:		
Date of Birth (dd/mm/yy):	Gender (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	Type of Membership: <input type="checkbox"/> Renewal <input type="checkbox"/> New

Reason for Membership
<input type="checkbox"/> Financial <input type="checkbox"/> Committee <input type="checkbox"/> Student <input type="checkbox"/> Sponsorship <input type="checkbox"/> Auspice Group <i>(Please tick below)</i> <input type="checkbox"/> U3A <input type="checkbox"/> Men's Shed <input type="checkbox"/> Playgroup <input type="checkbox"/> Garden Club <input type="checkbox"/> Quilters <input type="checkbox"/> Support Group <input type="checkbox"/> User group

<p>I, _____ recognise that by signing this membership form I agree to be bound by the Cobram Community House Articles of Association. I understand that my membership fee for the financial year is due before the Annual General Meeting each year.</p> <p>Signed: _____ Date: _____</p>

New Membership Applications must complete both sides of this form

Return completed form to: Cobram Community House Inc.
PO Box 498,
43-45 Punt Road,
COBRAM VIC 3644

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Ensure this side is completed if you are applying to be a new member of Cobram Community House.

Nominating Financial Member to complete:	
<p>I, _____ am a financial member of Cobram Community House Inc. I nominate the applicant who is <i>(please tick one)</i></p> <p style="text-align: center;"> <input type="checkbox"/> personally known to me, or <input type="checkbox"/> a current student </p> <p>for membership of the association.</p> <p>Signed: _____ Date: _____</p>	

Seconding Financial Member to Complete:	
<p>I, _____ am a financial member of Cobram Community House Inc. I second the nomination of this applicant for membership of the Association.</p> <p>Signed: _____ Date: _____</p>	

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 Cobram Community House Inc.
 PO Box 498
 43-45 Punt Road COBRAM, VIC. 3644

Office Use Only		
\$5 Membership Received <input type="checkbox"/> Yes <input type="checkbox"/> No Date: Receipt Number:	Form Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Membership Number:	Form entered / updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date entered: Signed:

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