

Fairholme Disability Support Group Inc.

APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

(Incorporated under the Associations Incorporation Act 1987 on May 29 1989.)

I/We,
(full name of applicant/s)

of
(address)

-----Post Code-----

Telephone No's. Home _____ Work _____

Facsimile _____ E-mail _____

Mobile No _____

Occupation/s _____

hereby apply to become a member of the Association and agree to be bound by its Constitution and Code of Conduct.

| | | | |
|-----------------------------|-----------------|--------|-------------|
| Ordinary Member (Voting) | Annual Fee \$20 | Yes/No | Receipt No. |
|-----------------------------|-----------------|--------|-------------|

| | | | |
|----------------------------------|-----------------|--------|-------------|
| Affiliate Member (Non voting) | Annual Fee \$10 | Yes/No | Receipt No. |
|----------------------------------|-----------------|--------|-------------|

-
.....
(Signed)

.....
(Print Name/s)

.....
Date

Please return to the Treasurer:

Jan Ricks

PO Box 894

West Perth WA 6872

Tel: 08 9388 8388

Fax: 08 9388 6808

E-mail: cosmicreality@bigpond.com.au

