



PO Box 88
Jindera NSW 2642
83 Urana Street, Jindera NSW 2642
Phone: 0475594073
Email: office@ruralcarelink.org.au
ABN 73577248629

Application for Membership

Full Name of Applicant:

Postal Address:

Date of Birth: Occupation:

Phone: Email:

- I hereby apply to become a member of and agree to be bound by the rules of the Rural Care Link Incorporated Association.
- I agree for all notices to be sent to my email address above unless otherwise specified.
- My name and details will be placed on the Membership Register, which is available on request to all members.
- Please indicate if you do not want your details (other than your name) available for viewing.

Membership and Volunteer Options:

☐ Member ☐ Op Shop ☐ Community Assist ☐ Casual/Event

.....
Signature of Applicant/...../.....
Date

I, being a current financial member of the association, nominate the applicant, for membership of the association.

.....
Signature of Proposer 1/...../.....
Date

I, being a current financial member of the association, second the nomination of the applicant, for membership of the association.

.....
Signature of Proposer 2/...../.....
Date

OFFICE USE ONLY

\$3 Received ☐ By Method: Cash ☐ EFT ☐ Date Banked/...../.....

Ratified at: Meeting date/...../..... by (Presiding Officer)

Updated Membership Register..... New Member advised.....