

FORM OF APPLICATION FOR MEMBERSHIP

DATE

To: The Secretary
Victorian Vocational Rehabilitation Association
Cnr Belfast Street and Dallas Drive
Broadmeadows Vic 3047
(P.O. Box 342, Dallas Vic. 3047)

Dear Sir/Madam,

I hereby apply for membership of Victorian Vocational Rehabilitation Association and enclose the sum of \$11.00 (GST inclusive) in payment of the current annual subscription.

I authorise you to place my name on the register of Members and agree to be bound by the provisions of the Memorandum of Articles of Association of the Company.

Yours faithfully,

(Signature of applicant)

FULL NAME OF APPLICANT

RESIDENTIAL ADDRESS

.....

Postcode.....

Proposer: Name

Signature

Secunder: Name

Signature

This application for membership must be signed by two current financial members of the Association as Proposer and Secunder for the Applicant.

Note: membership involves the obligation to contribute to the assets of the Association in the event of it being wound up while a person is a member or within one year afterwards such an amount as may be required for payment of the debts and liabilities of the Association not exceeding \$50.00 per member.