

Inverloch Community House Inc

A0030114D ABN No. 65 010 813 131

Member Number

- NEW MEMBERSHIP**
 MEMBERSHIP RENEWAL

Name

Date of Birth

I hereby apply for membership of Inverloch Community House Inc and agree, that if accepted for Membership, will act in accordance with the Rules of the Association (the Constitution), which define the terms of contract between the Incorporated Association and its Members.

A copy of the Rules of Association, along with all Policies and Procedures is available to all members on request.

- I agree to have my photo used in promotional material for the House.**
 I am interested in volunteering

All Members: please complete details below and sign.

PRINT CLEARLY: used to send Community House program and notices

Mail Address:			
Home Phone:		Mobile:	
Email:			
Emergency Contact:		Phone:	
Over phone on behalf of: Signature:		Date:	

Our Model Rules require us to keep and maintain a Register of Members. Thank you for completing this form.

OFFICE USE ONLY:	Date Approved for Membership at ICHI Committee Meeting ___ / ___ / 202__		
Entered in Membership List <i>(date)</i> ___ / ___ / 202__	Initial:	Receipt No. _____	
Membership Card Issued <i>(date)</i> ___ / ___ / 202__	Initial	Fee Waivered <input type="checkbox"/>	