



MEMBERSHIP APPLICATION FORM

Date	
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Membership Category	Individual <input type="checkbox"/>	Organisation <input type="checkbox"/>
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Surname/Name			
First Name			
Address			
Phone			Mobile
Email			

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Age	18 - 30 <input type="checkbox"/>	31 - 40 <input type="checkbox"/>	41 - 50 <input type="checkbox"/>	50 + <input type="checkbox"/>
Cultural Heritage or Pacific Island(s) you identify with				

MEMBERSHIP FEE OF \$10 – Individual Association - \$100

- **MEMBERSHIP VALID UNTIL OCTOBER 2018.**

Proposer (Print Name)	Signature	Membership #
Secondar (Print Name)	Signature	Membership #

FOR OFFICE USE ONLY

Subscription paid	YES/NO	Accepting Officer
New Membership Number		