



RENEWAL

Ordinary Membership Application - INDIVIDUAL

Please note the following:

- All details on this form must be completed and signed by all parties.
- Membership fee is **\$50** per annum and can be attached with this form as a cheque or deposited into the **Cape York/Gulf RAATSICC** bank account –
Bendigo Bank
BSB:633 000
Account: 1521 15325
- Please use your **Name as the reference** if making direct bank payment. A receipt will be issued once payment has been received
- Membership will be accepted and registered once payment has been received

Please tick length of membership

1 year - \$50

2 year - \$100

I would like RAATSICC to renew our membership

(Please tick one box below, sign and send back to the RAATSICC Office):

- Yes** – and please keep all details the same - *Please note name of Organisation & sign at Section 2*
- Yes** – but please update details as set out below -*Please complete all relevant sections*
- No** – I don't wish to renew the membership -*Please note name of Organisation & sign at Section 2*

Section 1 - PROPOSED REPRESENTATIVES' DETAILS

Name of Individual: _____

Occupation (if applicable) _____

Postal Address: _____

Town: _____ State: _____ Post code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Section 2 – NOMINATOR'S DETAILS

Nominated by: _____ Title: _____

Signature: _____ Date: ____ / ____ / ____

THIS SECTION FOR MANAGEMENT COMMITTEE USE ONLY

Membership application accepted at management committee meeting on: / /

Resolution No: _____

Moved by: _____ Seconded by: _____

All in favour: Yes No

Abstained: _____

Chairperson/Executive Signature: _____

Name (please print): _____

THIS SECTION FOR OFFICE USE ONLY – FINANCE OFFICER TO COMPLETE

Receipt No: _____ Membership No: _____

Name (please print): _____ Signature: _____

All details to be entered into the Membership Register