

Convoy for Kids Sydney Incorporated
PO Box 297 St Clair NSW 2759 Phone: 0417 678 033
ABN: 60 013 203 477 CFN: 17510

www.convoyforkids.com.au

MEMBERSHIP FORM
APPLICATION FOR MEMBER OF AN ASSOCIATION

(Incorporated under the Association Act 1984)

NAME: _____
(Full name of Applicant)

ADDRESS: _____
(Address of Applicant)

SUBURB: _____

STATE: _____ **POSTCODE:** _____

PHONE: Home: _____ **Mobile:** _____

Fax: _____ **Email:** _____

Occupation: _____ hereby apply to become a member of the Convoy for Kids Sydney Incorporated in the event of my admission as a member. I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant: _____ **Date:** _____

I _____ a member of Convoy for Kids Sydney
(Full Name)

Incorporated nominate the applicant who is personally known to me for membership of the Convoy for Kids Sydney Incorporated.

(Signature of Proposer) **Date:** _____

I _____ a member of Convoy for Kids Sydney
(Full Name)

Incorporated nominate the applicant who is personally known to me for membership of the Convoy for Kids Sydney Incorporated.

(Signature of Proposer) **Date:** _____

Membership \$10.00 per calendar year.

Bank Details: Direct Deposit: BSB: 112 879 Account 492288599 Convoy for Kids.

CONVOY FOR KIDS SYDNEY IS THE TRANSPORT INDUSTRIES PREMIER CHARITY