asbestoswise

Individual Membership: Application / Renewal Form

First Name: _____

Surname: _____

Address: _____

_____

Phone: _____

Email: _____

New applications only:

(Please provide us with a brief personal background, explaining why you would like to become a member)

_____

_____

_____

Payment Method: [ ] Cheque: Please make cheque payable to Asbestoswise Inc. and post with the completed form to **Asbestoswise 247- 251 Flinders Lane Melbourne 3000**

[ ] EFT: Asbestoswise (BSB 013-441 Account No: 409435106). Please record your full name and mark "membership" in reference field and post the completed form to **Asbestoswise 247- 251 Flinders Lane Melbourne 3000**

Private Individual Membership Fee:	$ 20.00
Donation (optional): Donations of $2.00 and above are tax deductible	$ _____
Total:	$ _____

As an incorporated association Asbestoswise is governed by a set of rules. These rules detail Asbestoswise's purpose, how it operates and the rights and responsibilities of its members and office holders. We encourage prospective members to familiarise themselves with these rules. You can request a copy by emailing ceo@asbestoswise.com.au

Signature of applicant: _____ Date: _____

_____

Office use only

C.O.M. Meeting date: __/__/____

Acceptance of Membership: ☐ Rejection of Membership: ☐