

## MEMBERSHIP APPLICATION / RENEWAL

Please fill in EITHER Question 1 or 2 then complete the rest of the Form

### 1. INDIVIDUAL MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. ORGANISATIONAL MEMBERSHIP

Name of organisation: \_\_\_\_\_

Person representing organisation: \_\_\_\_\_

Position held in organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Chair/CEO: \_\_\_\_\_

### 3. Membership Fee (GST inclusive):-

- |  |         |
|--|---------|
| <input type="checkbox"/> Individual Member:                | \$10.00 |
| <input type="checkbox"/> Organisations with paid employees | \$40.00 |
| <input type="checkbox"/> Organisations with volunteers     | \$20.00 |

#### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

4. Applicant's signature: \_\_\_\_\_

5. Date: \_\_\_\_\_

Your membership application **MUST** be signed and dated.

Payment either by cheque payable to Metropolitan Migrant Resource Centre Inc or by Direct Transfer to: BSB: 633-000 Account No: 132872490 (Use organisation name or your family name for reference)