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| **CARINGA'S DETAILS** | | | |
| **ACN** | 137 757 450 | **ABN** | 57 250 634 865 |
| **PHONE** | 02 6640 9300 | **EMAIL** | reception@caringa.com.au |

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| **YOUR DETAILS** | |
| **NAME** |  |
| **OCCUPATION** |  |
| **RESIDENTIAL ADDRESS** |  |
|  |
| **POSTAL ADDRESS** |  |
|  |
| **HOME PHONE** |  |
| **MOBILE** |  |
| **EMAIL** |  |

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| **YOUR DECLARATION AND ANNUAL MEMBERSHIP** | | |
| I, as named above, hereby apply for membership of Caringa Australia Limited (a company Limited by Guarantee) and agree that I am and will be an active and bona fide supporter of the Objectives of the Company and that I will abide by and comply with the Company’s Constitution.  I acknowledge receiving a copy of the Constitution and confirm my acceptance of Clauses 5, 7, 15.3 and 17 | | |
| CEL DOC-014 Caringa Australia Limited Constitution Version Number 4 | | |
| Enclosed is my annual Membership fee | | $ 10.00 |
| **SIGNATURE** |  | |
| **DATE** |  | |