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| **CARINGA'S DETAILS** | | | |
| **ACN** | 137 757 450 | **ABN** | 57 250 634 865 |
| **Phone** | 02 6640 9300 | **Email** | hello@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 | | |
| CAL DOC-014 Caringa Australia Limited Constitution Version Number 5 | | |
| If your application is accepted, you will be invoiced for your $10 membership fee. | | $ 10.00 |
| **SIGNATURE** |  | |
| **DATE** |  | |

………………………………………………………………..*Office use only……………………………………………………………………*

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| **MEMBERSHIP APPROVAL – *Board of Directors*** | | | |
| Application Status | Accepted  Declined  Withdrawn | | |
| Caringa Representative |  | Signature |  |
| Date |  | | |