

APPLICATION FOR MEMBERSHIP OF:

**Murray Valley Sanctuary Refugee Group Inc.**

PO Box 197, Wodonga, Vic. 3689

ABN: 93 022 046 098

President: 0407 268 121

Secretary: 0414 896 087

I, (Mr/Mrs/Ms) \_\_\_\_\_,

of \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

apply to become a member of the **Murray Valley Sanctuary Refugee Group Inc.**

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

My Special skills are: \_\_\_\_\_

I would like to be involved in: Families support:  . Fundraising:  . Other

**DECLARATION:**

In the event of my admission as a member, I agree to be bound by the rules of the Group for the time being in force. I also agree to complete the **required training and obtain a Working With Children clearance** before I am involved with any family of refugees. I will pay a membership subscription of \$10 upon acceptance or before and annually. *I will never release, mention or enter details of individuals on any electronic media without the individual's approval.*

I hereby allow my name, email, address and phone no on the Group website Yes  No

.....  
**Signature of Applicant**

Date: / /201

**Proposer.** I, \_\_\_\_\_(Print Name), a member of the Group nominate the applicant, who is personally known to me, for membership of the Group.

.....  
**Signature of Proposer**

Date: / /201

**Secunder:** I, \_\_\_\_\_(Print Name), a member of the group, second the nomination of the applicant, who is personally known to me, for membership of the Group.

.....  
**Signature of Secunder**

Date: / /201

Date Accepted / / 201  
Date M/ship / / 201  
Advised: / / 201

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