

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

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Signature of Applicant

Date: / /202

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

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Signature of Proposer

Date: / /202

Second: 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.

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Signature of Seconder

Date: / /202

.....Date Accepted..... / / 202

.....Date M/ship..... / / 202 ...Receipt No: _____
Dated / / 202

.....Advised:..... / / 202