



The Maryborough and District Committee on the Ageing Inc.

New Member Application

MEMBER DETAILS

| | | | |
|-----------------------|--|--|--|
| Surname | | Given Name | |
| Association Name | | | |
| Street Address | | Mailing Address <input type="checkbox"/> "Same as Street Address" | |
| Suburb State Postcode | | | |
| Email Address | | | I consent to receiving emails <input type="checkbox"/> |
| Home Phone: | | Mobile Phone: | |
| Work Phone: | | Other: | |

MEMBERSHIP TYPE

| Category | Definition | Voting Rights | Selection |
|------------------------|---|---------------|--------------------------|
| Association Membership | Service Clubs, Community Organisations | Yes | <input type="checkbox"/> |
| Private Membership | Person who has interest in the Organisation | Yes | <input type="checkbox"/> |
| Life Membership | Person awarded life membership of the Association according to the process outline in the by-laws | Yes | <input type="checkbox"/> |
| Local Government | Representative/s nominated by the Local Government | Yes | <input type="checkbox"/> |

DECLARATION TO APPLICATION

I/We declare that, with the completion of this application form, that I/We to abide by the Constitution of MADCOTA Inc , in particular Sections 11. (3) and 20 (2). I/We agree to be held accountable to my/our membership obligations in accordance with the Associations Incorporations Act 1981. I/We acknowledge that upon my/our request the said Constitution has been made available for perusal.

| | |
|--|--|
| Applicant Name: | |
| Authorised Representative: | |
| Date of Declaration: | |
| Applicant or Representative Signature: | |

MANAGEMENT COMMITTEE USE

| | | | |
|--------------|--|------------|--|
| Proposed by: | | Signature: | |
| Seconded by: | | Signature: | |

Member Fee Paid \$ _____ Receipt# _____

Next Meeting: ____/____/____

Member Approved

Member Declined

Written Notice Sent ____/____/____