



CARINGA MEMBERSHIP APPLICATION

CARINGA'S DETAILS			
ACN	137 757 450	ABN	57 250 634 865
Phone	02 6640 9300	Email	hello@caringa.com.au

YOUR DETAILS	
Name	
Occupation	
Residential Address	
Postal Address	
Home Phone	
Mobile	
Email	

YOUR DECLARATION AND ANNUAL MEMBERSHIP	
<p>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.</p> <p>I acknowledge receiving a copy of the Constitution and confirm my acceptance of Clauses 5, 7, 15.3 and 17</p>	
<p>CAL DOC-014 Caringa Australia Limited Constitution Version Number 5</p>	
<p>If your application is accepted, you will be invoiced for your \$10 membership fee.</p>	<p>\$ 10.00</p>
SIGNATURE	
DATE	

.....Office use only.....

MEMBERSHIP APPROVAL – Board of Directors			
Application Status	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Withdrawn		
Caringa Representative		Signature	
Date			