**Application for New / Renewal of Membership 2022-2023**

Surname: Given Name:

Address:

Suburb: Postcode:

Email address:

Phone Number (home): Mobile Number:

Phone Number (work):

**Renewing members** complete **Part A**

Individuals or associates applying for **new membership** complete **Part B**

**PART A: Renewal of existing membership**

I, , apply to renew my membership with Jubilee Community Care Inc for the financial year of 2022–2023. Payment of my annual membership fee of $20 / $5 (concession – staff and pensioners) is attached.

Signed: Date:

**PART B: Application for new membership**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, apply to Jubilee Community Care Inc for membership of the Association for the financial year of 2022-2023. Payment of my annual membership fee of $20 / $5 (concession – staff and pensioners) is attached.

Nominated by: Signature of Nominee:

Seconded by: Signature of Seconder

Signature of applicant: Date

**New applicants for membership are asked to complete the questions over page to support their application.**

**Please respond to the following questions to assist the Board in considering your application for membership to Jubilee Community Care Inc.**

1. Are you currently employed by Jubilee Community Care Inc?

**YES NO**

1. Have you been employed by Jubilee Community Care Inc in the past 5 years?

**YES NO**

1. Are you currently related to an employee of Jubilee Community Care Inc?

**YES NO**

1. In your own words, describe, why you wish to become a member of Jubilee Community Care Inc?
2. Members of Jubilee Community Care Inc are required to abide by the constitution and associated policy and procedures of the Association. Do you agree to abide by the constitution and associated policy and procedures?

**YES NO**