

## Celebrating 30 years in 2019

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- admin@jccagedcare.org.au
- www.jccagedcare.org.au

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

Surname:	Given Name:
Address:	
Suburb:	Postcode:
Email address:	
Phone Number (home):	Mobile Number:
Phone Number (work):	
Rene	wing members complete Part A
Individuals or associate	es applying for <b>new membership</b> complete <b>Part B</b>
PART A: Renewal of extension of	to renew my membership with Jubilee Community Care Inc 023. Payment of my annual membership fee of \$20 / \$5
Signed:	Date:
PART B: Application for	new membership
I, the Association for the financial ye \$20 / \$5 (concession – staff and	, apply to Jubilee Community Care Inc for membership of ear of 2022-2023. Payment of my annual membership fee of 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.





## **Enriching later life**

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
2.	Have you been employed by Jubilee Community Care Inc in the past 5 years?
	YES NO
3.	Are you currently related to an employee of Jubilee Community Care Inc?
	YES NO
4.	In your own words, describe, why you wish to become a member of Jubilee Community Care Inc?
5.	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