

Membership Application Form

Community transcending Security; Empowerment through Knowledge

Member Contact Informat	tion	New M	ember Notify Change of Address	
Gender: Male Fe	emale Date of Birth	/ /		
Title: Mr Mrs	Miss Ms			
First Name:	Last Name:			
	ated matters must be voted on by registered men olease ensure the address you supply JuvDet Asso			
Address:	Suburb:			
State:	State: Postcode:			
Home Phone:	Mobile:			
Communication Strategy Our ability to contact and inform every m Email Address:	nember of issues or concerns must be independer	nt from the work place. Please complete any	or all methods.	
Skype:				
Facebook:				
Nomination of Beneficiary In the event of my death please pay my be First Name:	•	: Name:		
Current Address: Suburb:				
State:	tate: Postcode:			
Relationship:	Phone:			
Membership Fees By checking this box does not express or imply full membership to you. Your nomination will be considered and approved in accordance to rule 12(a) of the constitution. When you are contacted you will have 4 weeks to pay the joining fee. Full Member: \$40 Joining Fee / \$15 per fortnight Ordinary Member: \$15 per fortnight				
Nominated by:	ominated by: Seconded by:			
Approved by (circle approp	oriate) Executive / Membership C	Committee		
I would like to pay:	\$15 per fortnight \$360 Anni	ual	JuvDet Banking Details: Account Name: Juvdet Association	
Payment Method:	Direct Debit Credit Card	Electronic Funds Transfer If you tick this box do not complete your banking details	BSB: 633-000 ACCOUNT NUMBER: 152615423	
Direct Debit: Bank	BSB	Account Numb		
Credit Card Number		Expiry Date		
Name on Card		CVV		
Signature		Date		
Signature		Date		

By signing here I hereby apply to become a member of the JuvDet Association. I agree to abide by the rules of the Association as set out in its Constitution. I confirm that the information completed is true and correct.