

APPLICATION FOR MEMBERSHIP OF MULTICAP

INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT, 1982 (QLD)



Registered Head Office:
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Eight Mile Plains Q 4113
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Email: info@multicap.asn.au
Website: www.multicap.asn.au

Applicant

Full Name:

Postal Address:

Telephone Number: Email Address:

I prefer to receive communication by Post Email

I hereby apply to become an ordinary member of Multicap (the "Association") and enclose my payment of \$11.00, being the yearly membership fee for individuals/families/groups. (Payment details attached)

My reason for applying for membership is:

.....(optional)

I agree that:

- I have applied for membership of the Association in good faith
- the information I have provided is current and accurate
- there is nothing in my history which could prejudice my relationship with the Association or its clients
- I have not been convicted of an indictable offence
- I will not conduct myself in a manner likely to be injurious or prejudicial to the character or interests of the Association
- I will be bound by the rules of the Association for the time being in force, in the event of my admission as a member

.....
Signature of Applicant

.....
Date

Proposer

I,, a member of the Association, propose the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Proposer

Secunder

I,, a member of the Association, second the proposal of the applicant, who is personally known to me, for membership of the Association.

.....
Signature of Secunder

PLEASE NOTE:

1. Applications for membership will be considered by the Board of Management at the next meeting held after the application is received.
2. Subsequent to this meeting the applicant will be notified in writing if he/she has been accepted.