

Membership Application

Applicant Details

Name _____

Address

Telephone _____

Occupation _____

Reason for application _____

I hereby apply to become a member of Mai-Wel Limited. I agree to be bound by the following –

- Mai-Wel Constitution
- Members & Directors Conflict of Interest Policy

I acknowledge I have read and understood the above documents and agree to disclose all potential and current conflicts of interest.

Applicant Signature Date



Fundraising License No 10919
ABN 88 060 661 476

02 4015 2900

maiwel@maiwel.com.au

PO Box 835, Maitland NSW 2320

www.maiwel.com.au

Important Information

1. Separate applications are required for each member. Joint application forms will not be accepted.
2. A once only joining fee of \$1.00 per person is payable if application is accepted.
3. Yearly membership fees are \$5.50 per person (incl GST) and cover the current financial year.
4. Total fees payable if application accepted: \$6.50.

This is not due until the Board of Directors have reviewed and approved your application. You will then be contacted by the Executive Assistant with payment options.

Please return your form via one of the following methods –

1. PO Box 835, Maitland, NSW, 2320
2. maiwel@maiwel.com.au

Office use only below)

I, a member of Mai-Wel Limited, endorse this membership application.

Signature Date

I, a member of Mai-Wel Limited, second the nomination of this application for membership.

Signature Date

Date presented to Board _____ () Approved () Not Approved

Approved application receipt details below

Receipt No. Amount Received

Date Received Receipted by

