

NEW MEMBER APPLICATION FORM

NEW MEMBER PERSONAL DETAILS			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:			
Given Names:		Last Name:	
Postal Address:			
Suburb:		State:	Post Code:
Street Address:			
Suburb:		State:	Post Code:
Home Number:		Mobile Number:	
Fax Number:		Email Address:	
By signing I agree to abide by the Constitution (see: www.mbrcls.org.au) and the Policies and Procedures of the Service (available on request).			
Signature:		Date:	
PROPOSER DETAILS			
First Name:		Last Name:	
I hereby propose acceptance of this person as a member.			
_____		_____	
Signature		Date	
SECONDER DETAILS			
First Name:		Last Name:	
I hereby second the proposal to accept this person as a member.			
_____		_____	
Signature		Date	
OFFICE USE ONLY			
<input type="checkbox"/> Date Received/...../.....		<input type="checkbox"/> Date Accepted MC/...../.....	
Date Resignation:		Resignation Accepted:	
Reason for resignation			
Upon Termination:			
<input type="checkbox"/> MBRCLS Property Returned			
COMMENTS/NOTES/SPECIAL SKILLS			