For People with Disability

Samarpan Inc

19, Dallwood Avenue, Epping NSW 2121

Application for Membership

☐ Ordinary Member ☐ New \$25 ☐ Renewal \$25	☐ Associate Member ☐ New \$15 ☐ Renewal \$15
I,	hereby apply to become
[full name of applicant]	
a ordinary / associate member of Samarpan Inc. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.	
Signature of applicant	Date
PERSONAL DETAILS:	
Name:	
Address:	
Suburb: Post Code: .	
Tel. Home: Mobile:	
Email:	
Spouse's Name:	
Eligibility: □ PWD □ Carer □ PWD Org	
Carer for	
Payment OF \$ By Cash / Cheque Drawn in	
Favour of Samarpan Inc	
Proposed By[full name of current member proposing]	
Seconded By	Date
Seconded By	
Signature of seconder	Date