



**BROADMEADOWS
DISABILITY SERVICES**

ABN 56 089 812 402

241 Camp Road,
Broadmeadows, Vic. 3047
Telephone: 9309 7448
Facsimile: 9309 9274
Email: reception@bds.org.au

APPLICATION FOR MEMBERSHIP 2009/2010

I hereby make application for membership of Broadmeadows Disability Services as detailed below in so doing; agree to be bound by the Constitution of Broadmeadows Disability Services.

I hereby agree to pay the application fee of \$5 plus GST being a total of \$5.50 which is renewable each year.

I authorise you to place my name on the register of Members.

Full Name of the Applicant _____

Residential Address _____

_____ Postcode _____

Signature of Applicant _____

Proposer: Name _____

Signature _____

Seconder: Name _____

Signature _____

This application for membership must be signed by two current financial members of the Company as proposer and seconder for the applicant. This application will be presented at the next scheduled Board Meeting; the applicant will be advised of the outcome thereof.