



Application for Membership

Please complete the details below and return with payment to BDS:

I (Name) _____ 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 \$10.00 plus GST being a total of \$11.00 which is renewable each year.

I authorise Broadmeadows Disability Services to place my name on the Register of Members.

Complete your Personal Details below:

Full name of Applicant	
Address	
Suburb	
Postcode	
Phone	
Signature	
Date	____ / ____ / 20____

Administration use ONLY:

This application for membership must be proposed and seconded by two current financial members of the Company. This application will be presented at the next scheduled Board Meeting and the applicant will be advised of the outcome thereof.

Proposed		Seconded	
Name		Name	
Signature		Signature	
Date	____ / ____ / 20____	Date	____ / ____ / 20____