

**APPLICATION FOR NOMINATION FOR MEMBERSHIP
CAROLINE CHISHOLM SOCIETY (CCS)**

Mail to:

CCS Office Manager
PO Box 846
Moonee Ponds 3039,
secretary@carolinechisholmsociety.com.au

I would like to apply for membership of CCS. I understand that in applying for membership, I agree to uphold the values of CCS and to be bound by the Constitution (a copy of the Constitution is available by contacting the CCS office).

I understand that any personal information I provide will be stored at CCS in accordance with relevant privacy legislation. By providing my personal details, I understand that I will receive correspondence from CCS including Newsletters, Annual Reports and information about upcoming events.

I understand that my application must be approved by the CCS Board, after which time I will be sent an invoice for membership of \$22 for one year membership or \$55 for three years membership.

Name

Address

..... Postcode.....

Phone numbers:(w)..... (h)..... (m)

Email address:@.....

Signature Date

Donations above \$2 are tax deductible and will assist families in need.

I have enclosed a donation of \$20, \$50, \$100, \$..... (credit card payments authorisation attached).

I am interested in volunteering my time to work:

with clients , with staff , with CCS Board subcommittees .

I am interested in learning about being a CCS Board member .

Board Approval

Application for membership Accepted or rejected by CCS Board

Office Use: Date received: Membership number:

Please debit my

Visa Card

Mastercard

Bankcard

Card Number

Signature..... Expiry/.....

Name on Card



Caroline
Chisholm
Society