



MEMBERSHIP APPLICATION

Name: _____

Residential address: _____

Postal address: ('as above' if applicable)

Email: _____

Phone: _____

I support the purposes of the company, and I would like to become a Member of Carpentaria Disability Services Limited. I am 18 years old or older.

I understand that to become a member of Carpentaria Disability Services Ltd I will comply with the requirements of its Constitution, including that I guarantee that I will, if required, contribute an amount of up to \$10 should the company become insolvent.

Signature: _____ Date: _____