



**carpentaria**

## Membership Application

**Name:** \_\_\_\_\_

**Residential address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing address:** ('as above' if applicable) \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone: B/H** \_\_\_\_\_ **A/H** \_\_\_\_\_

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office use only:

Submitted for approval to the Board of Directors on \_\_\_\_/\_\_\_\_/\_\_\_\_

Application outcome:  Approved  Not approved

Register of members updated

Member Advised