



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