

APPLICATION FOR MEMBERSHIP
PROMOTING HEALTHY OUTCOMES FOR REFUGEES INC. (PHOR)
(Incorporated under the Associations Incorporation Act 2009)

I,

[Full name of applicant]

of

[Address]

Contact details: [email] [phone]

.....

[Occupation]

hereby apply to become a member (indicate type below) of PHoR. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....

Signature of applicant *Date*

I,

[Full name]

a member of the association, nominate the applicant for membership of the association.

.....

Signature of proposer *Date*

I,

[Full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....

Signature of seconder *Date*

Please circle membership type	
Concession - \$5.00	Waged - \$20.00

Electronic Funds Transfer:
Account Name: Promoting Healthy Outcomes for Refugees **BSB:** 032075 **Account:** 635293