

Application For Membership of Jewish Care (Victoria) Inc.

New Members Checklist Name Address Phone Email How long have you been a resident at the above address? Date of Birth Occupation Are you a member of any other Jewish Community organisations? If yes, please list: Past/Present Connection to Jewish Care: Volunteer Donor Supporter Governance Other Reason for Joining



Two current financial members of the Association are required to nominate any new member.

I)	NOMINATING MEMBER	
	SIGNATURE	NAME (IN BLOCK LETTERS)
		DATE
	Relationship to Nominee	
	I support the nominee's application bed	cause
2)	NOMINATING MEMBER	
,		
	SIGNATURE	NAME (IN BLOCK LETTERS)
		DATE
	Relationship to Nominee	
	I support the nominee's application because	



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NOMINEE (person being nominated for membership)

I, the Nominee, agree that upon admiss the Association* and agree to pay the a	sion as a member, I will be bound by the Rules of nnual membership fee.	
SIGNATURE	DATE	
Please return membership applications Executive Officer Jewish Care (Victoria) Inc 619 St Kilda Road Melbourne VIC 3004 Tel: 8517 5733 Fax: 8517 5778	to:	
*Copies of the Rules of the Association are available from the Executive Officer.		
OFFICE USE ONLY		
Membership ratified:		
Signed:	Date:	