

## 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 .....

.....



**NOMINEE** (person being nominated for membership)

I, the Nominee, agree that upon admission as a member, I will be bound by the Rules of the Association\* and agree to pay the annual membership fee.

.....  
SIGNATURE.....  
DATE

Please return membership applications to:

Executive Officer  
Jewish Care (Victoria) Inc  
619 St Kilda Road  
Melbourne VIC 3004  
Tel: 8517 5733  
Fax: 8517 5778

\*Copies of the Rules of the Association are available from the Executive Officer.

---

**OFFICE USE ONLY**

Membership ratified:

Signed:

Date: