ABN 78 345 431 247

Application For Membership of Jewish Care (Victoria) Inc

New Members Checklist

Name ……

Address ……
……
……

Phone Home: ……...

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.

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1) NOMINATING MEMBER

…… ……..

SIGNATURE NAME (IN BLOCK LETTERS)

DATE:

Relationship to Nominee ……

I support the nominee's application because …….

……

……

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 admission as a member, I will be bound by the Rules of the Association (copies available from the Development Office) as applicable from time to time.

……..…… ……
SIGNATURE DATE

Please return membership applications to:

Executive Officer
Jewish Care (Victoria) Inc
619 St Kilda Road
Melbourne VIC 3004
Tel: 8517 5692

OFFICE USE ONLY

Membership ratified:
Signed: Date: