



MEMBERSHIP APPLICATION FORM

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|-----------------|---------------------|
| Surname: | Given Names: |
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|-----------------|------------------|
| Address: | Postcode: |
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|---------------------------|---------------|---------------|----------------|
| Date of Birth: / / | Email: | Phone: | Mobile: |
|---------------------------|---------------|---------------|----------------|

I hereby apply for membership of Circle of Men Inc as per Sections 7 and 9 of the Constitution. I undertake to support the aims, rules and policies of Circle of Men. If wishing to participate as a volunteer in Aged Care Facilities, I agree for Circle of Men to arrange for the necessary lawful check to be carried out that permits me to be supplied with a Police Clearance for working as a volunteer in an Aged Care Facility.

Signed by applicant: _____ **Date** / /20

Proposed by: Name _____

Signed: _____ **Date** / /20

Seconded by: Name _____

Signed: _____ **Date** / /20

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|--------------------|---|
| Shirt Size: | Preferred name for shirt: (eg Mike, Mick, Michael) |
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Please send this completed application immediately to:

Secretary, John Simpson

Post Office Box 2080 Wellington Point Qld 4160

for approval at the next meeting of the Management Committee, together with completed Application for Police Clearance (if volunteering in aged care homes) and a **\$5 membership fee** (cheque or postal order) covering communication costs and production of newsletters etc for members. Cheques made out to *Secretary, Circle of Men Inc.*

