



*someone to turn to*

Meetings weekly to support and nurture men living in aged care

## MEMBERSHIP APPLICATION FORM

<b>Surname:</b>	<b>Given Names:</b>
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<b>Address:</b>	<b>Postcode:</b>
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<b>Date of Birth:</b> / /	<b>Email:</b>	<b>Phone:</b>	<b>Mobile:</b>
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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

<b>Shirt Size:</b>	<b>Preferred name for shirt: (eg Mike, Mick, Michael)</b>
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Please send this completed application immediately to:

**President, John Simpson**  
**Post Office Box 2051 Cleveland Qld 4163**

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 *Circle of Men Inc*.