MEMBERSHIP APPLICATION FORM

Surname:	**Given Names:**

Address:	**Postcode:**

Date of Birth: / /	**Email:**	**Phone:**	**Mobile:**

I hereby apply for membership of Circle of Men Inc. 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**

Shirt Size:	**Preferred name for shirt:** **(eg Mike, Mick, Michael)**

Please scan & email this completed Form to CoM Secretary K. James: ***info@circleofmenqld.com***

OR, post to: Circle of Men Inc. P.O. Box 1051. Cleveland. Qld. 4163.

with completed **Consent to National Police Check Clearance,** Valid Photocopy ID and a **$20 membership fee**, covering yearly Administrative costs for all rank & file members ***[NOTE: $20 Annual Fee effective from 1-1-26].***