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Phone: 07 5541 4216
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ABN: 93 959 100 658



APPLICATION FOR MEMBERSHIP 2015/2016

In accordance with the Rules of Beaucare Inc.

I,
(Please Print
of, Postcode.....
Contact numbers: Mobile.....
Email:.....
hereby apply to become a member of the Association and agree if accepted to abide by the Rules and policies of the Association.
Date:/...../..... Signature:

PROPOSING MEMBER'S NAME (Print):

Date:/...../..... Signature:

PROPOSING MEMBER'S NAME (Print):

Date:/...../..... Signature:

Applications for membership are referred to the next Board meeting for acceptance or rejection. If the application is rejected by the Board of Management, the applicant may appeal to a General Meeting of the members of the Association.

ACCEPTED

REJECTED
at the Board of Management Meeting of
Secretary:

Current annual membership of \$5.00 is to be submitted with this application. Payment may be made by direct deposit to the Commonwealth Bank: Beaucare Inc. BSB: 064 400 Account No: 00800240 Reference: Your surname.

All members must be financial to vote at the AGM held in September each year.

Child Care Services

Family Day Care
In-Home Child Care

Aged & Disability Services

Social Support
Domestic Support
Allied Health
Flexible Respite
Home Maintenance

Community Services

Beaucare Community Centre
Youth Support
Family Support
Intensive Family Support
Emergency Relief

Administration Services

Program Support
Financial Services
Asset & Resource Management