

Application For Membership of Jewish Care (Victoria) Inc.

New Members Checklist

Name

Address

.....

Phone

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.

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

.....

.....

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* and agree to pay the annual membership fee.

.....
SIGNATURE.....
DATE

Please return membership applications to:

Executive Officer
Jewish Care (Victoria) Inc
619 St Kilda Road
Melbourne VIC 3004
Tel: 8517 5692
Fax: 8517 5778

*Copies of the Rules of the Association are available from the Executive Officer and on the Jewish Care Victoria website www.jewishcare.org.au/AGM2023

OFFICE USE ONLY

Membership ratified:

Signed:

Date: