

Application For Membership of Jewish Care (Victoria) Inc

New Members Checklist

Name

Address
.....
.....

Phone Home:

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.

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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

.....
.....

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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 (copies available from the Development Office) as applicable from time to time.

.....
SIGNATURE

.....
DATE

Please return membership applications to:

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

OFFICE USE ONLY

Membership ratified:

Signed:

Date: