



**OFFICE USE ONLY:**

Date received: \_\_\_\_\_

Date approved \_\_\_\_\_

## July 2020–June 2021 MEMBERSHIP APPLICATION FORM

Please **PRINT** clearly

GIVEN NAME/S \_\_\_\_\_

SURNAME \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

PREFERRED PHONE NUMBER \_\_\_\_\_

- I want to support the work of **impact** by becoming a **Full Member** for the 2020-2021 financial year. I declare I am 18 years of age or older and that I have not been convicted of a criminal offence. As a Full Member of **impact**, I have a single voting right at **impact**'s AGM and understand that I am eligible to nominate for **impact**'s Board should I choose to do so
- I want to support the work of **impact** by becoming an **Associate Member** for the 2020-2021 financial year. I declare I am under the age of 18 years and that I have not been convicted of a criminal offence.
- By signing this document, I agree to abide by the Rights and Responsibilities of membership of **impact**.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / 2020

### **PAYMENT OPTIONS:**

Payment of Membership or Associate Membership Fee of \$30 is required at the time of submitting this form

- CHEQUE**
  1. Please make your cheque out to **impact**
- DIRECT DEPOSIT**
  1. BSB = 633 000 ACCOUNT NUMBER = 130144488
  2. Please use your surname as the reference for the deposit
- CREDIT CARD**
  1. CARD TYPE VISA MASTERCARD [PLEASE CIRCLE]
  2. I authorise **impact** to debit my credit card with \$30

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRYDATE \_\_\_\_ / \_\_\_\_ 3 DIGIT CODE ON THE BACK OF CARD \_\_\_\_\_

*This Membership Form may be lodged in one of these two [2] ways:*

1. *by mail [with cheque if applicable] to impact, PO Box 217, Glen Huntly 3163  
by email to impact, [impact.admin@impactforwomen.org.au](mailto:impact.admin@impactforwomen.org.au)*