



MEMBERSHIP APPLICATION FORM

SURNAME:

FIRST NAME/S:

PREF. TITLE: MISS/MRS/MR/MS/OTHER

ADDRESS:

.....PC

DATE OF BIRTH (OPT)/...../.....

OCCUPATION:

ARE YOU INTERESTED IN VOLUNTARY WORK AT PACT? YES/NO

CHILD WITNESS SUPPORT VOLUNTEER

PACT BOARD OF MANAGEMENT

FUND RAISING

ADMINISTRATIVE WORK

OTHER (PLEASE SPECIFY):

.....

.....

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OTHER (PLEASE SPECIFY):

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HAVE YOU WORKED AS A VOLUNTEER FOR ANY OTHER ORGANISATION? YES/NO

IF YES, PLEASE SPECIFY:.....

.....
.....

I WISH TO APPLY FOR (PLEASE TICK)

- PACT VOLUNTEER MEMBERSHIP \$ 5.00
- STUDENT MEMBERSHIP \$ 15.00
- PENSIONER MEMBERSHIP \$ 15.00
- STANDARD MEMBERSHIP \$ 20.00
- CORPORATE MEMBERSHIP \$100.00
- DONATION \$_____
- TOTAL ENCLOSED: \$_____**

ALL DONATIONS ARE TAX DEDUCTABLE

I UNDERSTAND THAT I WILL NOT BECOME AN ACTIVE MEMBER UNTIL MY APPLICATION IS APPROVED BY THE PACT BOARD OF MANAGEMENT. I UNDERSTAND THAT MEMBERSHIP IS RENEWABLE ON 31 MARCH EACH YEAR. I CONFIRM THAT I HAVE NO CRIMINAL RECORD FOR OFFENCES COMMITTED AGAINST CHILDREN.

SIGNATURE:

DATE: / /

PLEASE RETURN THIS FORM AND PAYMENT TO:
PO Box 6011, LOGAN CENTRAL Q 4114
TELEPHONE: (07) 3290 0111
FACSIMILE: (07) 3290 0499
WEBSITE: WWW.PACT.ORG.AU
EMAIL: pact@pact.org.au

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IF YES, PLEASE SPECIFY:.....

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