



**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): .....

.....

.....

.....

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](mailto:pact@pact.org.au)