



## MEMBERSHIP APPLICATION FORM

SURNAME: .....

FIRST NAME/S: .....

PREF. TITLE: MISS/MRS/MR/MS/DR 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 PAYMENT:** \$ \_\_\_\_\_

### ALL DONATIONS ARE TAX DEDUCTIBLE

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)

**EFT: PACT FUNDING AND INVESTMENT - BSB 484 799 ACCOUNT:  
034126700**