



MEMBERSHIP APPLICATION

Member Application (office use only) Date received:

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (h): _____ Phone (w): _____ Mobile: _____

Email: _____ DOB: _____

Have you changed your name or address? If yes, please give details of previous name or address

I wish to (please circle) RENEW / APPLY for Membership:

New membership applications require final approval by the Angel-Paws Inc. management committee. If at any time I wish to resign from the association, I will give written notice of resignation to the Secretary.

Membership costs \$10.00 and is effective 1st October to 30th September. Please deposit into following account:

ANZ
BSB – 014490
Account – 263903244
Use your surname as the reference

Are you interested in participating in any of the following activities as a volunteer (if you don't already do so)?

- Active Foster Carer
- Fundraising events
- Pet Adoption Days
- Transportation of animals (if required)
- Training / Workshops (Some costs may apply)

Should I be accepted as a member, I hereby agree to support the aims of Angel-Paws Inc. and to abide by the Association's Constitution, Code of Conduct and any By-Laws that are enacted from time to time by Angel-Paws Inc.

Signature: _____ Date: _____

PROPOSER: Name of Member:

SECONDER: Name of Member:

(Office use only)

APPROVED / DECLINED BY MANAGEMENT COMMITTEE

Date membership accepted: Member No:.....

Please email your completed form to:
secretary@angelpawsinc.com.au OR
post to PO Box 119, Thuringowa
Central, Qld, 4817