

ARE YOU A MEMBER OF MINIMBAH?



Membership of Minimbah Challenge Inc (an association incorporated in NSW) is available to family members and carers of Minimbah clients and to interested members of the public.

Current financial membership entitles you to **HAVE A VOICE** in the governance and strategic direction of Minimbah, by making you eligible to:

- Participate and vote at the AGM, held in September each year.
- Nominate for positions on the Management Committee.

The membership fee is \$20pa for an individual or \$30 for a family. It is important to apply for or renew your membership **NOW**, at the beginning of the financial year.



Financial member in 2010/2011– you will receive a renewal invoice in the mail



A member some time in the past– please complete the new membership form



Interested in first time membership– please complete the new membership form

Information for New Applicants

Thank you for your interest in membership. Your application will be presented for approval at the next management committee meeting in accordance with the constitution. Once approved, you will receive your letter of acceptance and receipt. Please contact the General Manager if you have any questions about this process.

Please return your completed form and payment to:

Minimbah Challenge
PO Box 1653
North Ryde NSW 2113
Tel: 02 9887 2299
www.minimbah.org.au



APPLICATION FOR MEMBERSHIP

YOUR DETAILS

Mr/Mrs/Miss/Ms/Dr/Prof. Surname:

Given Name:

Address:

Suburb: State: P/code:

Ph: (H) Ph: (W) Mobile:

Email:

MEMBERSHIP TYPE

Please circle

FAMILY—\$30

SINGLE—\$20

I Occupation.....

(Full name of applicant)

hereby apply to become a member of Minimbah Challenge Inc. In the event of my admission as a member, I hereby agree to be bound by the rules of the association for the time being in force.

.....
Signature of Applicant

.....
Date

I, a member of the Association, nominate the applicant for membership of the association.

.....
Signature of Proposer

.....
Date

I,, a member of the Association, second the nomination of the applicant for membership of the Association.

.....
Signature of Secunder

.....
Date

PAYMENT OPTIONS

Please forward your payment with this form.

Payment in cheque or Money Order payable to : **Minimbah Challenge**

Direct Debit to: **Minimbah Challenge Inc BSB 032 088 Account 63 0897**

FOR CREDIT CARD PAYMENT:

Mastercard

Visa

Name on Card

Card Number _____

Expiry Date ____ / ____ Signature

Protecting your Privacy—

Minimbah Challenge respects your privacy. Your personal information will be treated in accordance with the National Privacy Principles contained in the Privacy Act of 1998. If you no longer want to receive further communication from Minimbah Challenge, please call us on tel: 02 9887 2299.

Minimbah

10 Vincentia Street, Marsfield 2122 Post: PO Box 1653, North Ryde 2113

Phone: 9887 2299 | Fax: 9878 4564

ABN: 11 850 625 970 | CFN: 21669