



Membership Application Form

Name:

Pref. title: Miss/Mrs/Mr/Ms/Dr Other

Address:

..... PC:

Postal Address:

Phone: Mobile:

Email address:

Date of birth (opt) / /

Occupation:

Organisation:

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 (Nil Cost) \$ 0.00

Student Membership \$ 15.00

Pensioner Membership \$ 15.00

Standard Membership \$ 20.00

Corporate Membership \$100.00

Reciprocal Membership Nil

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 note 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 TO:

George Street Post Shop, PO Box 12672, George Street Q 4003

Telephone: (07) 3006 9016

Facsimile: (07) 3006 2112

Website: www.pact.org.au

Email: pact@pact.org.au

Once Membership is approved by the Board, you will receive written notification with Membership payment options.