



GLBTI AVC Inc

Gay Lesbian Bisexual Transgender Intersex Anti-Violence Committee Inc

ABN 99 413 168 752

www.glbtavc.org.au

MEMBERSHIP APPLICATION

If joining as an individual only fill in the "Individual" column

	<i>Organisation</i>	<i>Individual</i>
Name		
<i>Address</i>		
<i>Postal Address</i>		
<i>Phone Contact</i>		
<i>Email Address</i>		
<i>Signature</i>		
<i>Date</i>		
<i>Fee Due</i>	\$0.00	\$0.00

*Applications must be proposed by a member and seconded by another member
The application will then be considered by the Executive Committee*

Proposed by (Name): _____

Signature / Date: _____ / /20

Seconded by (Name): _____

Signature / Date: _____ / /20

(Tick) I have read and understand the Model Rules and Membership Information Pack and agree to abide by the model rules and media policy of the GLBTI AVC Inc.

(sign) _____

For queries contact: infor@glbtavc.org.au

PLEASE SUBMIT FORM AND ANY PAYMENT TO:

GLBTI AVC Inc
P O Box 2410
Townsville Qld 4810

(Form revised Jul 09)

Date Received: _____

Receipt number: _____

Exec Committee Use: Date _____

Outcome: Accepted / Rejected