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ABN 64683380227

**Membership Application Form**

Family Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone - mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ landline : (02) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : (please print clearly)

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**Membership declaration**

I, the undersigned, hereby apply to become a member of Ballina Region for Refugees (BR4R) Inc.

In the event of my admission as a member, I agree to be bound by and comply with the constitution, guidelines and procedures, and directions of BR4R Inc. as determined from time to time.

I acknowledge that BR4R Inc. reserves the right to accept or reject my membership or cancel my membership at any time if I fail to comply with the rules applying under the constitution, guidelines and procedures, and directions of BR4R Inc., or if my conduct is unbecoming of a member of BR4R Inc. or brings BR4R Inc. into disrepute.

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Period**

Annual Memberships are valid until the date of the next AGM In November each year.

Memberships started in the 3 Months preceding each AGM will run until the subsequent AGM.

ie. If a new membership starts in September 2018, it will expire at the 2019 AGM.

**Payment Details**

Annual Membership Fee:

(Full rate $30, Student/Concessions $20) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to make a donation of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Options**

* Post your completed form, with a cheque payable to BR4R Inc, to ….

BR4R Inc, PO Box 7083, East Ballina, NSW 2478.

* Pay by EFT to BR4R Inc. BSB : 722-744 Account Number : 100 135 365.

Please reference your payment with your initial and family name and email your

Membership Application form to membership@br4r.org.au