Ballina Region for Refugees
Welcome · Respect · Support

ABN 64683380227

# Membership Application Form

Family Name : _____ Given Names : _____

Address : _____

Phone - mobile : _____ landline : (02) _____

Email : (please print clearly)

## 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:<br>(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