



ACN 147 202 800/ABN 41 147 202 800

Community Lifestyle Accommodation Ltd

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Secretary CLA LTD
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www.communitylifestyleaccommodation.org.au

NEW MEMBERSHIP FORM

I, (Full Name of Applicant)

Of (Address)

Phone: (BH) (AH)
(Mobile)

E-mail:

Wish to become a member of CLA Ltd. In the event of my admission as a member, I agree to be bound by the rules of the Constitution of the Company, for the time being in force and I agree to receive notices from CLA Ltd by e-mail or post.

Members are encouraged to contribute any life skills, hobbies and experience in the disability area that they have to advance the goals of CLA LTD.

..... (Signature of Applicant)

..... (Date)

I, (Name of Proposer)

As a member of CLA Ltd, I nominate the applicant, who is personally known to me, for membership to CLA Ltd

The membership fee of \$10.00 per person/family is enclosed

..... (Signature of Proposer)

..... (Date)

Please return this form, your payment and any donation to:
Marie Hell, Secretary
CLA LTD PO Box 66 Bittern Vic. 3919

All donations over \$2.00 are tax deductible and gratefully accepted
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