



# YES, I would like to become a CLA member

*Living with choice*

I, \_\_\_\_\_  
(Full Name of Applicant)

Tel. : \_\_\_\_\_

Of \_\_\_\_\_  
(Address)

Mob. : \_\_\_\_\_

Email : \_\_\_\_\_

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 & experience in the disability area that they have to advance the goals of CLA LTD.

Membership fee \$20,00 per person or family and gives you voting rights & priority connection to our future accommodation projects.

**I have included an additional donation to CLA LTD of \$ \_\_\_\_\_**

*Donations of \$2.00 or more are Tax deductible.*

Your donations assist us to keep providing essential support to caring families.

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

Please sign me up for the CLA newsletter

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

**I will pay via:**

- Enclosed cheque made payable to Community Lifestyle Accommodation Ltd
- Bank Transfer: Bendigo Bank, BSB 633000, A/C 141576942, Name: Community Lifestyle Accommodation Ltd.

This information is for the exclusive of Community Lifestyle Accommodation Ltd. members only and must not be used for any other purpose.

*Please return this form, your payment and any donation to  
CLA Secretary, CLA LTD. PO Box 66 Bittern VIC 3918 or  
email form and payment receipt to [secretary@communitylifestyleaccommodation.org.au](mailto:secretary@communitylifestyleaccommodation.org.au)*

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.

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

*Thank you for your support*