



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 families caring for a person with an cognitive disability.

Total: \$ _____

Please sign me up for the CLA newsletter

Date: _____ **Signed:** _____

I will pay via:

- CLA website: cla-ltd.org, select CLA-Support from top right menu, follow the instructions.
- Bank Transfer: Bendigo Bank, BSB 633000, A/C 141576942, Name: Community Lifestyle Accommodation Ltd.
- Enclosed cheque made payable to Community Lifestyle Accommodation Ltd.

This information is for the exclusive use of Community Lifestyle Accommodation LTD executive only & will 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 treasurer@cla-ltd.org.*

Thank you for your support