

Membership Application

Membership of Quirindi Care Services is open to residents and/or their family members who wish to participate in the Annual General Meeting and are interested in receiving regular updates from the Chair.

I _____
(Full Name of applicant)

Of _____
(Address)

Phone _____

email _____

Hereby apply to become a member of Quirindi Care Services. In the event of my admission as a member, I agree to be bound by the rules of the Company for the time being in force.

Signature of Applicant

Date

By proposing or seconding this application, I declare that I am a current member of Quirindi Care Services, and that the applicant is known to me personally.

Proposed by:

Name (current QCS member)

Signature

Seconded by:

Name (Board member)

Signature

After your application is approved at the next Board meeting, we will contact you and provide you with details for payment of the \$10.00 membership fee.

Office Use Only: Membership Paid: Yes / No

Approved / Declined at Board Meeting Date _____

Notification Sent Date _____