



Kilkivan & District Community Care Assn Inc.

P.O. Box 224, Kilkivan, Q. 4600

Email: kilkivancare@gmail.com

Website: <https://kilkivancare.com.au/>

ABN: 76 639 140 711

Advocating for care facilities & services on behalf of aged & disabled people in Kilkivan & districts.

Application For Membership of Kilkivan & District Community Care Assoc. Inc.

I,
(insert APPLICANT'S name)

Of,
(insert APPLICANT'S residential or postal address)

Email address: Phone:

.... apply to become a member of the above Association. If my application is accepted, I agree to be bound by the rules of the Association.

Signature: **Date:**

- Rule 7 (1) A person who wishes to become a Member, must be... proposed by one Member and seconded by another Member.
- Rule 5 (3) Members must be either residents of the area within 45 kilometres of Kilkivan township or owners of property within that 45 kilometre radius.

Are you a resident of the area within a 45 kilometre radius of Kilkivan township? **Yes / No.** If no, do you own property within that 45 kilometre radius from Kilkivan township? (a copy of rates notice may be required).

PROPOSED:

SECONDED:

Name:

Name:

Signature:

Signature:

Date:

Date:

.....**Applicants to detach and keep**.....

Kilkivan & District Community Care Association Inc.

Information for Applicants: If your application is accepted, your name & address, as provided above, must be recorded in a register of Members, upon request, under section of the rules.

You can contact the Association at the Secretary, PO Box 224, Kilkivan QLD 4600. You can access or correct personal information (name and address) by contacting the Association as indicated above.

Other Information: If your application is **accepted** you are entitled to inspect the Register of Members under section 13 of the Rules.

If your application for membership is **rejected** by the Management Committee: You may give notice of your intention to appeal within 1 month of being advised of the rejection (Rule 11). If the Secretary receives a notice of intention to appeal, the secretary must, within 1 month after receiving the notice, call a general meeting to decide the appeal. A member may resign from the Association by giving a written notice of resignation to the secretary (emails will be accepted).