

MEMBERSHIP FORM

APPLICATION FOR MEMBERSHIP FORM

Please tick where applicable. Print off form, complete and forward with payment to:

Hearing Voices Network NSW, 8 Egret Place Woronora Heights NSW 2233

I hereby apply to become a member of the abovenamed incorporated association. In the event of my Admission as a member, I agree to be bound by the rules of the association for the time being in force.

Full name of applicant: _____ Gender _____

Address: _____

Email Address: _____

Phone No: _____ Mobile: _____

Signature of applicant: _____ Date: _____

I _____ a member of the association, nominate the applicant for membership of the Association.

Signature of proposer: _____ Date: _____

Category	Joining Fee	Annual Subscriptions
Working Member	\$25	\$25
Non Working Member	\$10	\$10
Organisation	\$50	\$50
Self-Help Group Member *	\$1	\$1

* SHGM's fees will be sponsored by Network, however, you need to complete and submit form.

Joining Fee is a one time fee when you first become a member