

Application for Membership
Prom Country Aged Care Inc.

I

(name)

of

.....
(address)

wish to become a member of Prom Country Aged Care Inc.

Contact details:

Home/after hours

Business hours (if different to home/after hours)

Mobile

Email

[Please provide an email address where possible as this will assist us in our communication with you.]

In the event of my admission as a member, I agree to be bound by the Rules of the Association.

I enclose **\$5** being the annual subscription.

I enclose \$_____ as donation to PCAC.

I acknowledge that my annual subscription is payable each year, regardless of the date on which I originally joined PCAC.

Signature

Date

Please return this form via email to: accounts@promcountryagedcare.com.au

Banking details:

Account name: Prom Country Aged Care
BSB: 633 000 (Bendigo Bank)
Account Number: 131 391 062
Reference: Member/Donation (plus surname)

**A receipt for your records will be sent within 14 days of receipt of payment.*