

## **Application for Membership**

### **Prom Country Aged Care Ass**

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 a donation to PCAC.

I acknowledge that my annual subscription is payable in July 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](mailto: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.*