



# CANTERBURY EARLWOOD CARING ASSOCIATION LTD

## APPLICATION FOR MEMBERSHIP

I \_\_\_\_\_  
*Full Name of Applicant – Please Print*

of \_\_\_\_\_  
*Address*

hereby apply to become a Member of Canterbury Earlwood Caring Association Ltd. In the event of my admission as a Member, I agree to be bound by the rules of Canterbury Earlwood Caring Association Ltd for the time being in force.

\_\_\_\_\_  
*Signature of Applicant* *Date*

\_\_\_\_\_  
*Contact Number* *Email Address*

### AREAS OF INTEREST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF MEMBERSHIP:**     Individual     Agency

### NOMINATED BY:

I \_\_\_\_\_ a member of Canterbury Earlwood Caring  
*Name of Member – Please Print*

Association Ltd, nominate the above applicant \_\_\_\_\_  
*Name of Applicant*

who is known to me, for membership of Canterbury Earlwood Caring Association Ltd.

\_\_\_\_\_  
*Signature of Member* *Date*

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### FOR OFFICE USE ONLY

**PRESENTED TO BOARD OF DIRECTORS' MEETING ON:** \_\_\_\_\_

**ACCEPTED:**             Yes     No

**MEMBERSHIP FEE:**             \$10.00 Individual             \$30.00 Agency

**MEMBERSHIP PAID:**            **Date:** \_\_\_\_\_            **Receipt No:** \_\_\_\_\_

**DATE REGISTERED ON CECAL DATABASE:** \_\_\_\_\_