

Carevan Wagga Incorporated Member Registration Form



Member Applicant Personal Details

First Name:

Surname:

Address:

Home Phone Contact:

Mobile Phone Contact:

Email:

I wish to apply for membership of Carevan Wagga Inc. as a member of the incorporated body.

Applicant's Signature: _____

Date:

*Thank you for wanting to be involved in Carevan Wagga Inc. We look forward to working with you.
Please email the completed application form to Carevan at carevanwagga@gmail.com or drop the form
into the Carevan Warehouse – 2/159 Fernleigh Road, Glenfield Park.*

Official Use Only

Consideration of Membership by Committee

Date of Meeting:

Approved for membership: Yes or No

Member advised of membership application status: Yes or No

Register of Members Update: Yes or No