

MEMBER OF ASSOCIATION APPLICATION FORM

F-7 MOA APPLICATION FORM

Centre Against Violence
ABN 86254991629
email to Secretary, admin@cav.org.au.

APPLICATION

I wish to apply for a position as a Member of Association with the Centre Against Violence Board of Directors.

Applicant details:

Full given/ Family Name _____

Date Of Birth _____

Residential Address _____

State _____ Post Code _____

Mobile phone _____

Home Phone _____

Preferred Phone _____

Preferred Email _____

STATEMENT BY THE NOMINEE

I, _____

submit this nomination to be considered as a Member of Association with the Centre Against Violence.

- I acknowledge the responsibilities of a Member of Association of The Centre Against Violence.
- I have read the Member of Associate Information Pack
- I have attached a copy of my Working with Children's Check
- I have attached a copy of my National Police Check
- All information included as part of this nomination is true, correct and not misleading

Signature: _____ Date: ____/____/____