



# Miracle Assistance Dogs Inc.

ABN: 59 004 679 977

[www.miracleassistedogs.org.au](http://www.miracleassistedogs.org.au)

PO Box 2393, Green Hills NSW 2323

[info@miracleassistedogs.org.au](mailto:info@miracleassistedogs.org.au)

## Application for Membership of the Association Miracle Assistance Dogs Inc. (Incorporated under the *Associations Incorporation Act 2009*)

I, [full name of applicant] \_\_\_\_\_

of [residential address] \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone (preferred) \_\_\_\_\_

Email address \_\_\_\_\_

I hereby apply to become an Member of Miracle Assistance Dogs Inc. In the event of my acceptance as a Member, I agree to be bound by the Constitution of the Association. Applications must be accompanied by the current annual fee (\$30).

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### Nominated by:

As a member of Miracle Assistance Dogs Inc., I nominate the applicant for Membership of the Association.

I [full name] \_\_\_\_\_

Signature of proposer \_\_\_\_\_ Date \_\_\_\_\_

As a member of Miracle Assistance Dogs Inc., I second the nomination of the applicant for Membership of the Association.

I [full name] \_\_\_\_\_

Signature of seconder \_\_\_\_\_ Date \_\_\_\_\_

### Direct Deposit payments can be made to:

**Beyond Bank Australia – Account Name: Miracle Assistance Dogs Inc.** *(must use full account name)*

**BSB 325185 Account No. 03722856**

*(Please include your name in the payment description)*

Miracle Assistance Dogs Inc.  
Membership Form June 2020



# MIRACLE ASSISTANCE DOGS

Office Use Only

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Office Use

## Membership Fee Paid

Amount \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Initialled \_\_\_\_\_

Name of Receiver (print) \_\_\_\_\_

## Category:

- Volunteer
- Student / Family
- Internal Client
- External Client

## Membership Type:

- Normal
- Life Member
- Honorary Member
- Concession

Date Ratified by Board \_\_\_\_\_

Date entered on database \_\_\_\_\_

Membership Number \_\_\_\_\_

Date letter of Notification sent to Associate Member \_\_\_\_\_