

*Ordinary Membership holders have voting rights*

Applicant's Details		Personal Details for Immediate Family Members		
<b>Surname</b> (as per passport )		<b>1 Surname, Given Name</b> (as per passport)		
<b>Given Name</b> (as per passport)		<b>Relationship</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Gender</b>		<b>2 Surname, Given Name</b> (as per passport)		
<b>Date of Birth</b> (DD/MM/YYYY)		<b>Relationship</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Address</b>		<b>3 Surname, Given Name</b> (as per passport)		
<b>Email</b>		<b>Relationship</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Mobile</b>		<b>4 Surname, Given Name</b> (as per passport)		
<b>Country of Birth</b>		<b>Relationship</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Emergency Contact Person &amp; Phone No.</b>		<b>5 Surname, Given Name</b> (as per passport)		
		<b>Relationship</b>	<b>Gender</b>	<b>Date of Birth</b>
<b>Application must be approved by two Committee Members:</b>				
<b>Committee Member 1</b>		<b>Signature</b>		
<b>Committee Member 2</b>		<b>Signature</b>		

As an Ordinary Member, I agree to comply with the Model Rules of Culture Care WA Inc. and to pay an annual membership fees. I am aware that my membership fees must be paid up to date to retain a valid membership status and to be eligible to vote.

I would like to opt out to give consent to the Culture Care WA Inc. to send promotional materials and commercial electronic message on Culture Care WA Inc. activities, corporate sponsors to promote their products and services and latest update.

**Applicant Declaration**

I hereby declare that all the information provided by me in this form is true and accurate.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ordinary Membership fees is to be made by Electronic Fund Transfer (EFT). Account Details as below:

BSB Number: 302 -162  
 Account Number: 1912587  
 Account Name: Culture Care WA Inc.  
 Payment Reference: Surname + Date of Birth

Official Receipt No: To be provided by office