



MANNACARE INCORPORATED

1. Full Name of Applicant:

Please Select Given Name(s)

Surname

2. Address:

Suburb

VIC

Postcode:

3. E-mail:

4. Telephone: Bus-

Mobile-

5. Occupation:

6. To be eligible for membership an applicant must be in one of the following categories (tick one box):

- (i) A resident of the City of Manningham (Rule 4.2(a)(i))
- (ii) A volunteer currently serving in the Association (Rule 4.2(a)(ii))
- (iii) A person who has lived a substantial amount of his/her life in the City of Manningham (Rule 4.2(a)(iii))
- (iv) A person who has family residing in the City of Manningham (Rule 4.2(a)(iii))
- (v) A person who does not fall into one of the above categories and who consequently requires special approval by the Board (Rule 4.2(a)(iv))

I, the above-named Applicant hereby apply to become a Member of MannaCare Incorporated. I agree that once I am a Member, I will be bound by the Rules of the Association.

Signature of Applicant

Date: Monday, August 29, 2016