

Title **Application for Membership**

Department Association

FORM

Approved by Chief Executive Officer



MannaCare
WIDER CHOICES FOR OLDER PEOPLE

MannaCare Incorporated

Applicant details

Title		Given name(s)		Surname	
Address					
Email					
Telephone	BH		Mobile		
Occupation					

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

- A resident of the City of Manningham (Rule 4.2(a)(i))
- A volunteer currently serving in the Association (Rule 4.2(a)(ii))
- A person who has lived a substantial amount of his/her life in the city of Manningham (Rule 4.2(a)(iii))
- A person who has family residing in the City of Manningham (Rule 4.2(a)(iii))
- 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	
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