



Spanish Latin American Welfare Centre Inc.

582 Nicholson Street, Fitzroy North VIC 3068
 Phone: (03) 9482 1194 Fax: (03) 9482 1198
administration@celas.org.au
www.celas.org.au

CELAS MEMBERSHIP APPLICATION FORM

| | | | | | |
|---------|--|-----------|--|------|--|
| NAME | | | | | |
| ADDRESS | | | | | |
| SUBURB | | POST CODE | | AREA | |
| PHONE | | MOBILE | | | |
| EMAIL | | | | | |

| | |
|--|------|
| I _____ (name) wish to become a member of CELAS – Spanish Latin American Welfare Centre Inc. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force. | |
| Signature | Date |

| | |
|---|------|
| I _____ (name), as a member of the mentioned association, nominate the applicant for a membership with CELAS. | |
| Signature of Proposer | Date |

| | |
|---|------|
| I _____ (name), as a member of the mentioned association, nominate the applicant for a membership with CELAS. | |
| Signature of Second Proposer | Date |

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| ANNUAL FEE: \$10.00 + \$1.00 GST for individuals \$15.00 + \$1.50 GST for organizations NO FEE FOR VOLUNTEERS AND STUDENTS |
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| | |
|--------------------------------|-------------------------------------|
| Office Use Only | |
| Amount Paid _____ | Receipt No. _____ Date Paid. _____ |
| MC Approval Date _____ | Date letter of Approval sent. _____ |
| Date Entered in Database _____ | |