

1.02j Application for Membership Renewal

Application for Membership Renewal of Community Links Wellbeing Ltd

	1	Of	
Representing an Organisation: Name of Organisation:			
Individual Member:			
Hereby apply to renew my membership of the above organisation. I agree to be bound by the constitution of the organisation, which is located on the Community Links Wellbeing Website www.communitylinks.org.au . I have read and understand the terms of my membership.			
Please indicate if you would like to join the Community Links Wellbeing mailing list, to receive regular service updates and quarterly newsletters.			
Yes	s 🗆 No 🗆		
Ple	ease supply your email:		
☐ I give my permission name only to be placed on public record as being a member of Community Links Wellbeing Ltd while I am a financial member.			
			Date:
Signature of applicant for membership			
М	lembership option:		
One Year \$1			
Five Year for \$5			
Paid in previous years			
Office use:			
R	cpt No:	Date:	

Community Links Wellbeing Ltd ABN: 12 289 335 800

ACN: 655 023 555 1.02j Application of Membership Renewal Ver: 2

(25.08.2022)