**Background Information**

For a copy of the Constitution of St George Community Transport, please contact the office on 9585 3000 and the document will be emailed or posted to you.

A new member is required to pay a New Member Joining Fee of $3.30 and an existing member is required to pay a Membership Renewal Fee of $2.20 per annum.

Please note a member’s additional financial obligation is in accordance with Section 4 of the Constitution:

*The guarantee*

*Each member must contribute an amount not more than $10 (the guarantee) to the property of the company if the company is wound up while the member is a member, or within 12 months after they stop being a member, and this contribution is required to pay for the:*

1. *Debts and liabilities of the company incurred before the member stopped being a member;*
2. *Costs of winding up; or,*
3. *Adjustment of the rights of the contributories among themselves.*

**Application**

I hereby apply to become aMember of St George Community Transport.

|  |  |
| --- | --- |
| Name: |  |
| Title:  | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  Dr [ ]  Prof [ ]   |
| Address:\*Including postcode |  |
| Phone: |  | Mobile Phone: |  |
| Email Address: |  |
| Preferred Method of Contact: |  Letter [ ]  Email [ ]  Phone [ ]  Mobile [ ]  |
| Membership  |  New [ ]  Renewal [ ]  Resign [ ]  |
| Payment |  New Membership Joining Fee**TOTAL $3.30**Membership Renewal Fee**TOTAL $2.20** |

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

### Nomination

I, a member of St George Community Transport, nominate/second the application for membership.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  | Signature of Proposer: |  |

|  |  |
| --- | --- |
| Name: |  |
| Date: |  | Signature of Seconder: |  |

### Approval by Committee

|  |  |
| --- | --- |
| Committee Approval: | Yes [ ]  No [ ]  |
| Signature: |  | Position: |  |
| Date: |  |
| Comments: |  |

### Office Use Only

|  |  |
| --- | --- |
| Enter into Records by: |  |
| Position: |  |
| Date: |  |
| Receipt Number: |  |
| Date Letter Sent: |  |