



NOMINATION FOR MEMBERSHIP

- APPLICATION FOR RENEWAL
- APPLICATION FOR MEMBERSHIP

I, _____
NAME AND ASSOCIATION

OF _____
ADDRESS

CITY/TOWN POST CODE

EMAIL

PHONE (_____) _____ (HOME) _____ (MOBILE)

I would like to apply to become a member of Hunter Brain Injury Respite Options Incorporated trading as I Am Here, A Place To Be Me. In the event of my admission as a member, I agree to be bound by the rules of the association during the period I am a member.

MEMBERSHIP FEES FOR THE FINANCIAL YEAR BEGINNING 1 JULY ____ TO 30 JUNE ____

\$5.00 FOR A PERSON/FAMILY (GST INCLUSIVE)
\$20.00 FOR AN ORGANISATION (GST INCLUSIVE)

Please tick one of the following:

- An adult person with an acquired brain injury / disability
- A carer of a person with an acquired brain injury / disability
- A family member of a person with an acquired brain injury / disability
- An interested person
- An organisation (an organisation is not entitled to vote at the Annual General Meeting)

I enclose a cheque / money order / money for \$ _____ for membership fees.

Please return form and payment to I Am Here, A Place To Be Me at 18 Isabella Close, Elmore Vale NSW 2287. For further information please contact us at admin@iamhere.org.au or (02) 4965 8111.

Signature: _____ Date: _____

PLEASE NOTE: You must be a member to vote at the Annual General Meeting.