

Applicant Agreement

- I wish to apply for membership of the Deaf Society
 - I agree to follow the Deaf Society Constitution
 - I will pay my membership fee of \$10.00 with this application.
 - I understand that my application will be given to the Board of Directors to discuss.
 - I understand that the Board can decide not to accept my application.
 - I understand that the Board does not have to give any reason why it has refused my application.
 - I understand that if my application is refused then the membership fee of \$10.00 will be refunded to me.
- Yes, I want to apply to become a Member of the Deaf Society and I agree to the terms outlined above.
- Yes, I confirm the information I have provided above is correct.
- Yes, I have read the Constitution of the Deaf Society.

Signature: _____

Date: _____ / _____ / _____
 day month year

Please fill out the method of payment section.

Office Use Only

Application: Accepted Refused

At Board meeting held: _____

Entered in membership register

Subscription received \$ _____

Date: _____ Receipt Number: _____

Confirmation letter sent

Method of Payment

I wish to pay my \$10.00 membership fee by:

- Cash
- Cheque (*made payable to the Deaf Society of NSW*)
- Money Order (*made payable to the Deaf Society of NSW*)
- Credit Card (*1.5% surcharge for credit cards*)

For Credit Card payments:

Please debit my credit card:

- MasterCard Visa

(We do not accept American Express or Diners Club)

Card number: _____

Expiry date: _____ / _____

Name as shown on card: _____

Cardholder's signature: _____

The Deaf Society will contact you when the Board of Directors has made a decision about your membership.

Thank you for your application.

Please post your application to:
The Deaf Society
PO Box 1300
Parramatta NSW 2124

Or hand your form in at our office:
Level 4, 69 Phillip Street
(entry via Horwood Place)
Parramatta NSW 2150
or your nearest regional NSW office.



Membership Application Form

www.deafsocietynsw.org.au

