

Creative Lifestyles Support for People with Disability



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New Membership Application dated July 2018 - June 2019

Please forward application by mail or email to Gold Coast Community Lifestyles Ltd. at the address above.

Name: _____ Date: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Why do you want to become a member?

Gold Coast Community Lifestyles LTD welcomes people that share our commitment to the inclusion of all people in our local community. We believe that everyone has the right to a full, enriching life and we are committed to providing support to make that happen. Membership to our Organisation acknowledges your commitment to the spirit of helpfulness, welcoming and valuing of all people. This Application for membership of Gold Coast Community Lifestyles LTD will be made to the Board.

Signature: _____ Date: _____

Proposed by: _____

Signature: _____ Date: _____

Seconded by: _____

Signature: _____ Date: _____

Note: Only current financial members may propose or second an application for membership.
Notice of due fees and notices of all General Meetings will be forwarded to all members.

Board Use Only

The Board of Management considered this Application for Membership on: _____

Membership was: Approved Rejected Signatory of Secretary: _____