

APPLICATION FOR MEMBERSHIP OF TLC GROUP LARA INC

I,**Address**.....

Phone..... **Email**.....,

desire to become a member of TLC Group Lara Inc., a non-profit organisation.

In the event of my admission as a member, I agree to be bound by the rules of the TLC Group Lara Inc. (Model Rules for an Incorporated Association) for the time being in force.

Signature of applicant

Date.....

I,, a member of TLC Group Lara Inc. nominate the applicant, who is personally known to me, for membership of TLC Group Lara Inc.

..... **Signature of proposer**

Date.....

I,, a member of TLC Group Lara Inc. second the nomination of the applicant, who is personally known to me, for membership of TLC Group Lara Inc.

.....**Signature of Seconder**

Date.....

Annual membership: (Tick) _____ Individual \$10.00 _____ Family \$20.00
Please pay by cheque, PayPal, by direct deposit or in person at TLC monthly meetings.
Secure Paypal payments can be made on our website: www.laracaregroup.com

Direct deposit payments:

Bendigo Bank
BSB: 633-000
Account No: 138147566
Account Name: TLC Group Lara Inc

Post completed application to: (Or email to): membership@laracaregroup.com

Lara Care Group (TLC)
PO Box 281
Lara Victoria 3212
Ph. 0419 528 147 or 0414 822 374