



Supporting the Students
with disabilities of
William Rose School

MEMBERSHIP RENEWAL ☐

APPLICATION FOR MEMBERSHIP ☐

(Incorporated under the Associations Incorporated Act, 1984)

Fees for April 2019/2020 - Cost \$10.00 yearly

MEMBERSHIP No: _____

I _____
(Full name of applicant)

Of _____
(Address)

(Occupation)

Hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

Signature of applicant

Date: _____

I, _____
(full name)
a member of the association, nominate the applicant,
of the applicant for membership of the association.

I, _____
(full name)
a member of the association, second the nomination
for membership of the association.

Signature of proposer

Signature of seconder

Date : _____

Date : _____

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Please return completed form with payment to: **R.O.S.E Charity Inc. c/- PO Box 8035 Seven Hills NSW 2147**

Card Number

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Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ CSV: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Office Use Only - Receipt No: \_\_\_\_\_

R.O.S.E Charity Inc.  
P.O. Box 8035  
Seven Hills West NSW 2147  
Phone: (02) 9838 4893  
All donations over \$2 are tax deductible

ABN 54 178 028 542  
Incorporation No. Y1861023  
CFN 10188  
Website: [www.rosecharity.com.au](http://www.rosecharity.com.au)  
Email: [info@rosecharity.com.au](mailto:info@rosecharity.com.au)