Association Membership Form

Laurel House
SEXUAL ASSAULT SUPPORT
COUNSELLING • EDUCATION • ADVOCACY • CHANGE

New/Renewal for Association Membership Details

Title: First Name: Surname:

Date of Birth:

Residential Address:

Postal Address:

Mobile Number:

Email Address:

Signature of Applicant:

Date:

Nominators Details

Nominated by:
(Must be a member for a minimum of 3 months)

Signature: Date:

Seconded by:
(Must be a member for a minimum of 3 months)

Signature: Date:

This section is for Laurel House Administration use only – Membership to be approved by the Board.

Date approved: Signature:

Date paid – $25 Receipt No:

Launceston - PO Box 1062, Launceston TAS 7250 - (03) 6334 2740 – info@laurelhouse.org.au
Burnie & Devonport - PO Box 499, Burnie TAS 7320 - (03) 6431 9711 – info@laurelhouse.org.au
After Hours Support - 1800 MY SUPPORT – 1800 697 877 www.laurelhouse.org.au