

APPLICATION FOR MEMBERSHIP OF MULTICAP LIMITED

A COMPANY LIMITED BY GUARANTEE
Registered under the Corporations Act 2001



Registered Head Office:
PO Box 4013
Eight Mile Plains Q 4113
Ph: (07) 3340 9000
Fax: (07) 3341 3115
Email: info@multicap.org.au
Website: www.multicap.org.au
ACN:084424493 ABN:40120240686

Applicant

Full Name:

Postal Address:

Telephone Number: Email Address:

I hereby apply to become an ordinary member of Multicap Limited (The "Company") and enclose my payment of \$11.00, being the yearly membership fee for individuals/families/groups. (Payment details overleaf)

My reason for applying for membership is:

.....
(optional)

I agree that:

- I have applied for membership of the Company in good faith
- The information I have provided is current and accurate
- There is nothing in my history which could prejudice my relationship with the Company or its clients
- I have not been convicted of an indictable offence
- I will not conduct myself in a manner likely to be injurious or prejudicial to the character or interests of the Company
- I will be bound by the rules of the Company for the time being in force, in the event of my admission as a member

.....
Signature of Applicant

.....
Date

Proposer

I,, a member of Multicap Limited, propose the applicant, who is personally known to me, for membership of the Company.

.....
Signature of Proposer

Seconders

I,, a member of Multicap Limited, second the proposal of the applicant, who is personally known to me, for membership of the Company.

.....
Signature of Secunder

Please Note:

1. Applications for membership will be considered by the Board of Directors at the next meeting held after the application is received.
2. Subsequent to this meeting the applicant will be notified in writing if he/she has been accepted.

Please turn over for
payment details



PAYMENT DETAILS

I am paying my membership fee of \$11.00 by the following method:

Cheque

Payable to Multicap

MoneyOrder

Please write your name on the back of the money order

Cash

Visa

MasterCard

Debit Card

Credit/Debit Card Number:

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Name on Card:

Expiry Date:.....

Signature: