



APPLICATION FOR MEMBERSHIP OF JUST LEARNING INC.

APPLICANT DETAILS

Name			
Membership Type	Individual / Group		
Organisation			
Job Title			
Postal Address			
		Post Code	
Email Address		PAYMENTS	
Phone (BH)		Individual membership: \$10	
Phone (AH)		Organisation membership: \$50	
Mobile Phone		Fee waiver <input type="checkbox"/>	
		Donation	
		TOTAL	

APPLICATION DECLARATION

I, (name) _____

of (address) _____

desire to become a member of Just Learning Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant _____ Date _____

Please send your membership form and payment to:

Membership
Just Learning Inc.
PO Box 1015
Caulfield North VIC 3161

ADMINISTRATION CHECK	
Presented at committee meeting	Date:
Decision	Approved / Not Approved
Applicant informed	Date:
Membership fee banked	Date:
Welcome pack sent	Date:
Entered into membership registry	Date: