

# Deaf Advocacy, Sports and Recreation ACT

ABN: 25 826 092 369

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Email: [secretary@deafact.org.au](mailto:secretary@deafact.org.au)

Website: [www.deafact.org.au](http://www.deafact.org.au)

Facebook: [DeafACT\\_Canberra](https://www.facebook.com/DeafACT_Canberra)



## Application for Membership of Association 2019/2020

Apply to become a member of the incorporated association for the following stream:

### Advocacy, Sports and Recreation Stream – Annual Membership fee \$10.00

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

- Cheque or Money Order and post to address on above
- Cash give to **Secretary or Treasurer**
- Debit credit – Name Account: DeafACT, BSB No: 062-914  
Account No: 10754617, Bank Branch: Commonwealth Bank  
(Remittance email: [treasurer@deafact.org.au](mailto:treasurer@deafact.org.au))

*If I am admitted as a member, I agree to be bound by the rules of the Association for the time being in force.*

Signature of Applicant: \_\_\_\_\_

Under 18 - Signature of Parent or Guardian: \_\_\_\_\_

Applicant Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_