



MULTICAP TASMANIA

MEMBERSHIP APPLICATION FORM 2016

Name:

Address:.....

Suburb: Postcode:.....

Email:

Phone: Mobile:

I wish to become an Ordinary Member of Multicap Tasmania for the financial year ending 30th June 2017.

I understand my membership entitles me to vote at the Annual General Meeting and to nominate for a position on the Board of Management of Multicap Tasmania

I enclose my annual membership fee of \$10.00

Please complete the questionnaire on reverse page

Signed: Date: / / 2015

Return Address: Public Officer
 Multicap Tasmania
 PO Box 839
 BURNIE TAS 7320

Or email to: publicofficer@multicap.com.au

OFFICE USE ONLY

Nomination Moved by:

Nomination Seconded by:

Date Accepted: / / 2016

Receipt Number:

MEMBERSHIP QUESTIONNAIRE

What type of information are you interested in receiving from Multicap. Tick all items of interest

- The National Disability Scheme.
 - Multicap's Services
 - News about our Services
 - Events and activities we are organising
 - The NDIS in Tasmania
 - Other. Please specify
-

How often would you like to receive this information (other than in our Annual Report) Tick one.

- Every 2 months
- Quarterly
- Every Six months

How would you like to receive this information?

- Email
- Mailed Newsletter

Would you be interested in attending any member forums?

- Yes
- No

Comments:
