



Bendigo Chinese Association Inc.

ABN 49 262 450 348

13 BRIDGE STREET, BENDIGO 3550
PO BOX 877, BENDIGO 3552

Phone 5441 5044

Membership Application Form

Name _____ Occupation _____

Spouse's Name _____ Occupation _____

Address _____

_____ Post Code _____

Telephone Numbers *Home* _____

Work _____

Mobile _____

Email Address _____

Children's Details (All children must be under 18)

Child 1 _____ Date of Birth _____

Child 2 _____ Date of Birth _____

Child 3 _____ Date of Birth _____

I hereby apply to become a Full/Junior/Associate/Junior Associate Member of the Bendigo Chinese Association Incorporated and if my application is successful, request you to enter my name on the Register of Members accordingly. I agree to be bound by the memorandum and Article of Association and Rules or By-Laws of the Association or any lawful amendment thereof. I acknowledge that I have read a copy of the said Memorandum and Articles of Association and made myself familiar with provision thereof and that the production of this document with my signature thereto shall be conclusive proof that I am bound and am absolute bar to any defence taken by myself in any proceedings that I have not read and agreed to be bound by the Memorandum and Articles of Association.

Signed _____

Date _____

Return this form to: 'The Secretary'

Bendigo Chinese Association

PO Box 877 Bendigo Vic 3552