



**Cambodian-Australian Welfare Council of NSW
Incorporated**

APPLICATION FOR MEMBERSHIP

*I hereby apply to become a member of Cambodian-Australian Welfare Council of
NSW Incorporated and agree to abide by the constitution of this Association*

Name: _____
Title First Name Surname

Job Title: _____

Place of Work: _____

Work Address: _____

Ph: *(w)* _____ *(h)* _____

Fax: *(w)* _____ *(h)* _____

**Mailing Address
(if different from above):** _____

Signature: _____

Date: _____

Nominated by: _____

Signed: _____

Seconded by: _____

Signed: _____

For office use only

Individual Member / Organisational Member

Approved / Not approved by Committee

Secretary of CAWC: _____

Date: _____
