



PROBATION AND COMMUNITY CORRECTIONS OFFICERS' ASSOCIATION

PO box 1327 Parramatta NSW 2124
(Incorporated under the Associations Incorporation Act, 1984 (NSW))
ABN: 97 637 750 898

APPLICATION FOR MEMBERSHIP

APPENDIX 1(Rule 5 Clause (1)) *PLEASE PRINT CLEARLY*

	First name	Surname	
OF (HOME ADDRESS)	_____	_____	_____
	Street/P.O. Box	City	Postcode
& (WORK ADDRESS)	_____	_____	_____
	Street/P.O. Box	City	Postcode

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

POSITION TITLE: _____

(ORGANISATION TITLE, E.G. Community Corrections, Community Based Services, etc)

I hereby apply to become a member of the abovenamed Incorporated Association. In the event of my admission as a member, I agree to be bound by Association's current Rules and Code of Ethics*.

SIGNATURE OF APPLICANT: _____ Date _____

I, _____
First name
Surname

a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF PROPOSER: _____ Date _____

I, _____
First name
Surname

a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF SECONDER: _____ Date _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE DELEGATE IN YOUR JURISDICTION, ALONG WITH A COMPLETED DEDUCTION AUTHORITY FORM.

A deduction authority form has been completed and forwarded to the Delegate in my jurisdiction: Yes No

*These can be viewed by accessing the Association's web site at www.paccoa.com.au