



APPLICATION FOR MEMBERSHIP OF AGMC INC.

Given name/s: ..... Surname: .....

Email address (print clearly): .....

Telephone: ..... (h) ..... (w) ..... (m)

Postal address: .....

List membership of any multicultural organisations: .....

Your name and postal address details will be included in our Register of Members, available for inspection by other AGMC members. Tick the box if you wish to be excluded from this register. □

Optional questions:

My sexual orientation / gender identity is: .....

My ethnicity / ethnic background / cultural background is: .....

Annual membership rate for individuals: \$10 (Membership is for the period July 1 to June 30) (Note there is no pro-rata fee and all memberships will need to be renewed on 1st July each year)

You may pay your AGMC membership by any of the following methods:

- o Cheque/Money Order payable to 'AGMC Inc.' \$
o Electronic Funds/Bank Branch Transfer \$
(attach a printout confirming the transaction details)
o Cash - do not send by mail (received by: \_\_\_\_\_) \$
o Other payment method (by prior arrangement) \$
o Donation \$
o TOTAL \$

Electronic payment to:

Bank/Branch: CBA Elsternwick

BSB Number: 063-128

Account Number: 10318929

Account Name: AGMC Inc.

To accurately trace your payment on our bank statement, please use your surname for the transaction description.

Please post this form to: AGMC Inc. PO Box 61 Oakleigh Vic 3166

Membership enquiries should be directed to contact@agmc.org.au or phone 0466 340 412.

Signature: ..... Date: .....

Note: By signing this form you consent to being sent post and/or emails from time to time by the AGMC.

Memberships are approved at the next committee meeting and upon approval a receipt will be sent.