



Attach PASSPORT SIZE PHOTO here

MEMBER APPLICATION FORM (TO BE COMPLETED IN BLOCK LETTERS)

SURNAME.....

FIRST GIVEN NAME.....

OTHER NAME(S).....

PASSPORT/ AUSTRALIAN DRIVERS LICENCE NO.....

DATE OF BIRTH.....

RESIDENTIAL ADDRESS

Street name and number.....

Suburb.....**Post code**.....

State.....

POSTAL ADDRESS (If same as residential write AS ABOVE)

.....

.....

EMAIL.....

MOBILE.....

EMPLOYER.....

EMPLOYER'S TELEPHONE.....

EMPLOYER'S ADDRESS.....

.....

TERMS/CONDITION OF SERVICE.....

(Temporary/permanent/casual/fixd term)

By signing this form, I agree to abide by the Rules set by *Ausiken Co-operative Limited*

SIGNATURE.....DATE.....

APPLICANT 'S NEXT OF KIN

Pursuant to the by-laws of this society, I hereby nominate;

NAME.....

RELATIONSHIP TO THE APPLICANT.....

PASSPORT NO.....

DATE OF BIRTH.....

ADDRESS.....

TELEPHONE NUMBER.....

APPLICANT'S SIGNATURE.....

DATE.....

DATED

NOTE

The application shall ONLY be accepted if accompanied with the following documents

- a. A coloured passport size photo**
- b. A Coloured Copy of ID document**
- c. Copy of Nominee and/or next of Kin (if not the same person)**
- d. Membership fee of \$ 100**
- e. Two latest payslips**
- f. Initial share capital of \$250**

I hereby confirm that the details and documents provided above to support my application are true to the best of my knowledge

Signature.....Dated.....

Kindly scan and send a completed copy to

info@ausiken.com or secretary@ausiken.com

FOR OFFICIAL USE ONLY

APPROVED

NOT APPROVED

FORM AND DETAILS CHECKED AND RECOMMENDED BY

NAME.....SIGNATURE.....DATED.....

NAME.....SIGNATURE.....DATED.....

