

Membership Nomination Form

THIS MEMBERSHIP FORM IS BASED ON THE CONSTITUTION 15-05-2018

The Company Secretary
WorkVentures Ltd
146 O'Riordan Street
Mascot NSW 2020

E: companysecretary@workventures.com.au

Nominee to complete this section (please note membership fees may apply)

I _____ hereby apply for membership of the WorkVentures Ltd ('the Company') and if accepted, agree to abide by its Constitution.

Signature of Applicant

Date

Nominee (please print)		
Family Name:	Date of Birth:	Country of Birth:
Other Name/s:	Contact No – Home:	Contact No – Work:
Postal Address	Email Address:	

Nomination (any two members of the Company can complete this section)

We nominate the above person, who is personally known to us, to be a member of the Company.

Proposer (please print)	Secunder (please print)
Family Name:	Family Name:
Other Name/s:	Other Name/s:
Signature:	Signature:
Date:	Date:

(OFFICE USE ONLY)

Date accepted as member by Board

Secretary's initial