

Membership Nomination Form:

ACN 002 721 217

The Company Secretary
WorkVentures Ltd.
Suite 3.01, Building 3
190 Bourke Rd,
Sydney Corporate Park
Alexandria NSW 2015
companysecretary@workventures.com.au

Phone (02) 8907 3300

(Nominee to complete this section)

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

Signature of Applicant:

Date:

(For our records- please print)

Nominee	
Family Name	Date of birth Place of birth
Other Name/s	Mob/Home Telephone Number
Postal Address	Work Telephone Number
Email Address	

**Please note membership fees may apply*

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	Secunder
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:

This Membership Application Form is based on the Constitution 15-5-2018