



ABN: 50 692 844 776

## **APPLICATION FOR MEMBERSHIP**

### **Part 1 - Personal Details**

Full name including title:

.....

Principal Occupation:

.....

Tribunal/Board/Panel/Organisation **and** Position/s held:

.....

Email

.....

Postal Address:

.....

Business Telephone/mobile:

### **Part 2 - Membership**

I wish to apply for membership of the COAT Victorian Chapter Inc.

I agree to be bound by the rules of the Association for the time being in force, and I declare that I am supportive of the Objects of the Association.

I am a member of or otherwise employed in a Tribunal, Board or Panel or organisation.

I acknowledge that the details provided in Part 1 are valid. Should these details change, it will be my responsibility to notify the COAT Victoria secretariat.

☐

By ticking this box I confirm all details in this form are true and correct and acknowledge the conditions mentioned above.

Signature of Applicant .....

**Date:**

Please send completed form to:

**Dionne Judd,**

vicchapter@coat.asn.au OR

COAT Victorian Chapter Inc.  
PO Box 16, Collins Street West,  
Melbourne, Victoria, 8007

NB – There is no membership fee payable for this application.

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**Office Use Only**

Application received Date .... / .... /....

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**Signature of Committee Member** [for and on behalf of the Committee]