



COUNCIL OF AUSTRALASIAN TRIBUNALS
VICTORIA

ABN: 50 692 844 776

APPLICATION FOR MEMBERSHIP / RENEWAL OF 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 for the year ending 28 February 2019

I wish to apply for membership **OR**

renew my 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.



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Part 3 - Payment

I am paying:

\$40 membership fee

BY

EFTPOS – COAT Victorian Chapter Inc

BSB 013-017 Account No. 4970-43144

Please complete the transaction description by including **your surname** and **'MBR'** for membership

cheque

Signature of Applicant

OR

By ticking this box I confirm all details in this form are true and correct

Date:

This is a TAX INVOICE upon receipt of payment. A receipted copy will be returned only if requested.

Please send completed form to:

Jodie Preston,

vicchapter@coat.gov.au OR

COAT Victorian Chapter Inc.

PO Box 16, Collins Street West, Melbourne, Victoria, 8007

Office Use Only

CASH/CHEQUE [delete inapplicable option] for \$40 annual membership fee received.

EFT BSB 013-017 Account No. 4970-43144 confirmed

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

Date / /....