



Sunrise Children's Association Incorporated  
6/84 Westbury St, St Kilda East, VIC 3183  
Email: emma@scai.org.au  
Web: www.scai.org.au  
ABN: 60 547 624 727, ACN/ARBN 135 797 643

## Application for Membership of Sunrise Children's Association Inc.

**New membership**

**Renewal**

### **The Benefits of Membership:**

- Have your say in the direction of SCAI and Sunrise by participating in the AGM or other General Meetings
- Receive quarterly newsletter updates on SCAI and its projects in Nepal
- Keep informed as the Sunrise teamwork towards their long-term goals
- Be the first to hear about our upcoming fundraising events and special offers

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **Personal Details**

Gender (please tick): Male  Female

Title: (Mr/Mrs/Ms/Miss) \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_  I do not wish to receive regular updates

Date of Birth: \_\_\_\_\_ Or, I am over 18 years (initials) \_\_\_\_\_

### **I am also interested in donating my time/skills to other areas:**

- Administration/Clerical Duties
- Fundraising & Marketing

### **Membership Fee:**

I wish to pay the yearly membership fee of \$30 (do not send payment with this Application Form. Payment will be debited after written approval of application):

- I/we request that SCAI debit funds from my/ our nominated Credit Card account according to the details specified below (SCAI preferred option).
- I/we would also like to make a **donation** to Sunrise Children's Association Inc of \$ \_\_\_\_\_

### **Credit Card Details:**

Please debit my: Visa Bankcard Mastercard AMEX

Card Number:

CVV (Card Verification Number): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

As a member I agree to abide by the conditions as set out in the SCAI Rules understand these rules are available from SCAI upon request.

I understand that completion of this form does not guarantee my immediate acceptance as a member, and that applications must first be approved by the SCAI management committee. A written letter of approval will be sent, after which time payment will be debited within 28 days. I understand that I will become a member from the date my name is entered into the Member Registry, that being within 28 days of payment being made.

If applying via email or online, I understand that by filling in and emailing back this form, I have made my application, and my email serves as my signature.

Account number cannot be a Member number or Credit Union. Donations are not tax deductible.

Signature of Applicant \_\_\_\_\_