



Hazara Shamama Association of Victoria Inc.

## MEMBERSHIP APPLICATION FORM

Incorporated Association | Consumer Affairs Victoria Compliant

## 1. Applicant Details

Full Name	
Contact Number	
Email Address	
Residential Address	

## 2. Skills, Experience & Community Contribution

Please outline your skills, experience, or interests and how you will contribute to Association's objectives.

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### 3. Declaration & Consent

I apply for membership of Hazara Shamama Association of Victoria Inc and confirm the information provided is true. I agree to abide by the Association's Constitution, Rules, and Code of Conduct, and acknowledge my personal information will be handled in accordance with privacy requirements.

Applicant Signature		Date:
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#### **4. Office Use Only**

Application Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	
President Name & Signature			
Secretary Name & Signature			

## Privacy Statement

The Association collects personal information solely for membership administration, governance, and legal compliance. Information is stored securely and will not be disclosed without consent unless required by law.