

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.

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.