



SERVICING THE SPANISH SPEAKING
COMMUNITY OF VICTORIA
SINCE 1977

SPANISH LATIN AMERICAN WELFARE CENTRE

209 Nicholson St Footscray 3011
Ph: 9687 0181 Fax: 9687 3613
administration@celas.org.au
http://www.celas.org.au

CELAS MEMBERSHIP APPLICATION FORM

Name _____

Address _____

Suburb _____ Postcode _____

Phone Number _____ Mobile _____

Email address _____

I _____ (name) wish to become a member of **CELAS – Spanish Latin American Welfare Centre Inc.** In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force

Signature _____ Date _____

I _____ (name), a member of the association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature
of
Proposer _____ Date _____

I _____ (name), a member of the association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature
of
Secunder _____ Date _____

ANNUAL FEE: \$10.00 + \$1.00 GST for individuals
\$15.00 + \$1.50 GST for organizations FREE FOR VOLUNTEERS AND STUDENTS

Office Use Only			
Amount Paid _____	MC Approval Date _____	Date letter of Approval sent. _____	Date Entered in Database _____
Receipt No. _____			
Date Paid. _____			