

| SELECT TYPE OF APPLICATION | | | |
|--|----------------------|----------------|--|
| <input type="checkbox"/> | Single Membership | \$10 per year | One person applying for membership |
| <input type="checkbox"/> | Family Membership | \$25 per year | Two or more people on one form applying for membership |
| <input type="checkbox"/> | Corporate Membership | \$100 per year | One Company or one Association applying for membership |
| APPLICANT INFORMATION | | | |
| TITLE (MR/MRS/DR ETC): | | | |
| First Name: | | Surname: | |
| Company or Association Name for Sorporate Membership: | | | |
| Current address: | | | |
| City: | | State: | Postcode: |
| Email: | | | Phone: |
| FAMILY MEMBER INFORMATION FOR FAMILY MEMBERSHIP* | | | |
| Full Name: | | | |
| Date of birth: | | Phone: | |
| Full Name: | | | |
| Date of birth: | | Phone: | |
| DECLARATION AND SIGNATURES | | | |
| I declare all members on this form are over 16 years of age. | | | |
| I understand this membership is not transferrable. | | | |
| I understand fees must be received before membership is agreed. | | | |
| I understand fees are annual and renewable on 1 st February every year. | | | |
| I authorize the verification of the information on this form. | | | |
| Signature of applicant: | | | Date: |
| *Signature of additional applicant: | | | Date: |
| *Signature of additional applicant: | | | Date: |
| OFFICE USE ONLY EACH ITEM TO BE DATED AND SIGNED BY ADMIN AS PROCESSED | | | |
| Date of admission as a member: | ___/___/20__ | | |
| Joining Payment Received: | ___/___/20__ | | |
| Details added to register of Members: Member # _____ | ___/___/20__ | | |
| Date of reinstatement as a Member: | ___/___/20__ | | |
| Date of resignation as a Member: | ___/___/20__ | | |
| Date of termination as a Member: | ___/___/20__ | | |

NB: PLEASE SIGN THIS FORM BY HAND AND RETURN TO PTSD RESURRECTED INC BY POST OR SCAN AND SEND VIA EMAIL - ADDRESSES AS BELOW. THANK YOU.