MEMBERSHIP FORM

Name of Organisation/Individual:			
Address:			
Suburb:	Postcode: State:		
For refugee communities: (Organisation representing multi-	iple groups, please write Multicultural)		
Cultural/Ethnic Background:			
		Details of your Organisation:	
		President/Chairperson:	
Mobile: Email:			
Secretary:			
Mobile:Email:			
 MEMBERSHIP FEES Free for refugee communities and people of refugee 	BANK DETAILS Bendigo Bank, Broadmeadows		
background.	BSB: 633 000		
ŭ	• Account Number: 174 049 544		
• For other organisations \$50 per annum. Individual	• Account Number: 1/4 049 544		
membership \$25.			
I acknowledge to agree with the Constitution and Rules of t	the RCAA and abide by its Statement of Purnose		
Signature:			
Name- President/Chairperson/Secretary:			
Name for individual member:			
Note: Please fill the form and send a printed and signed copy of i	it at the contact below.		

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www.rcaoa.org.au