



APPLICATION FOR MEMBERSHIP OF BLAZE AID INC

I residing at

..... Postcode.....

hereby apply for membership of BlazeAid. By signing this application, I agree to support the purposes of the Association, and to comply with BlazeAid’s Constitution and Code of Conduct.

My BlazeAid experience is as follows:-

VOLUNTEERED OR CO-ORDINATED AT (Camp location and Year)

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In a few words, tell us why you would like to become a member of BlazeAid

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What skills are you able to bring to BlazeAid?

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Your contact details:

Home Phone (.....)..... Mobile No.

Email address

Signed

Date

Post to BlazeAid Inc: PO Box 73 Kilmore Victoria 3764 or Email to: admin@blazeaid.com.au