

**Membership Application Form 会员申请表**

**申请人信息 Applicant’s Information:**

|  |  |
| --- | --- |
| 中文姓名 |  |
| English Name | Given name: |
| Surname: |
| 电话号码 Mobile |  |
| 电子邮箱 E-mail |  |
| 微信号 WeChat ID |  |
| 地址 Address (可选 optional) |  |
| Suburb |  | Postcode: |
| 出生年份 Year of Birth (可选 optional) |  |
| 推荐人 Referee (a current CCCAV member) |  |

**Declaration by Applicant:**

1. I wish to become a member of Chinese Community Council of Australia (Victoria Chapter) (CCCAV) Incorporated.
2. I support the purposes of CCCAV Incorporated.
3. I agree to comply with the rules of CCCAV Incorporated.
4. I understand that I will not become a member until:
5. The committee of CCCAV Incorporated accepts my application for membership; and
6. I have paid to CCCAV Incorporated the appropriate Annual Membership fee.

**申请人签名** Signature of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**申请日期** Application Date (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**理事会批准日期** Committee Approval Date (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**会员费** Annual Membership Fee (per person per calendar year): **$50**. Please transfer to:

* **Account Name**: Chinese Community Council of Australia (Victoria Chapter) Inc,
* **BSB:** 013259(ANZ), **Account No.:** 482718292**.**
* **Description**: Your NAME + Membership

Please send the completed form and your CV to: *cccav.committee@gmail.com*.