

We Advocate, We Serve, We Connect.



Membership Application Form 會員申請表

申請人信息 Applicant's Information:

中文姓名		
English Name	Given name:	
	Surname:	
電話號碼 Mobile		
電子郵箱 E-mail		
微信號 WeChat ID		
地址 Address (可選 optional)		
Suburb		Postcode:
出生年份 Year of Birth (可選 optional)		
推薦人 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:
 - 1) The committee of CCCAV Incorporated accepts my application for membership; and
 - 2) I have paid to CCCAV Incorporated the appropriate Annual Membership fee.

申請人簽名 Signature of the applicant: _____

申請日期 Application Date (DD/MM/YYYY): _____

理事會批准日期 Committee Approval Date (DD/MM/YYYY): _____

會員費 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.

www.cccav.org.au | cccav.committee@gmail.com

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