

Appendix 1

Nomination to be a member of Centre Against Violence



I, _____ (full name of applicant)

Of _____ (address)

State Post Code

Home Phone:

Work Phone:

Mobile:

Email: [compulsory field]

I wish to become a member of the Centre Against Violence. I agree that I have read the Association Rules and Purposes available to me by contacting admin@cav.org.au or on the Centre Against Violence website (January 2014) and having read them I

1. Support the purposes of the Association and
2. Agree to comply with the Rules