



CENTRE AGAINST VIOLENCE

PO Box 438
Wangaratta 3676
TEL: (03) 5722 2203
FREE CALL: 1800 806 292



Application to become a member of the 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 and having read them I:

- Support the purposes of the Association and
- Agree to comply with the Rules
- Attach my Working with Children's Check
- Attach my National Police Check

Sign: _____ Date: _____

Please submit with the documents listed above by 5th November 2021 to Secretary, admin@cav.org.au