



Application for Membership 2016/2017

I wish to apply for/renew my membership of SHINE Community Services and agree to support the objectives of the service.

Name:

Address:

Phone No: Mobile No:

Email:

Signature: Date:

As per the Constitution the Membership fee is **\$5.00**.

Membership: \$ 5.00

Donation: \$

Total Enclosed: \$

Amounts received over \$2.00 are Tax Deductible

Please send to: SHINE Community Services
81 Forrest Street, Cottesloe WA 6011

Phone number: 08 9253 5555

SHINE's Vision

Enhancing the quality of life for seniors, people with disabilities and their carers through services that support independent living and foster a connection to community.

Office Use Only		
First member signature:	_____	Date: ___ / ___ / ___
Second member signature:	_____	Date: ___ / ___ / ___
Board approval:	_____	Date: ___ / ___ / ___