



## APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION

Name	_____		Date of Birth	_____
Address	_____			
Postcode	_____		Email	_____
Telephone	_____		Home	_____
			Work	_____
Mobile	_____			
			Occupation	_____

Membership type you would like to undertake:

<b>Adult AUD\$40</b>
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<b>Student / Youth (under 18 years) AUD\$20</b>
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<b>Family of 4 or more AUD\$100</b>
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Please indicate your preference for payment:

- Electronically                       Cheque                       Cash

Account      The Centre for Learning and  
                    Children's Rights Incorporated  
BSB            062192  
Account no   10233220

Post to:      CLCR Australia  
                    25 Cope St  
                    Lane Cove NSW 2066

I agree to abide by the rules and conditions of The Centre for Learning and Children's Rights Inc. if accepted as a member.

.....  
Signature of applicant                      Date

Please email this form to [enquiries@forchildrights.com](mailto:enquiries@forchildrights.com) or send to the above address. Thank you.

*"Creating Opportunity through Education in Nepal"*