



### Application for Membership 2017/2018

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**

*Independence Matters.*

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