



# **Application for Membership**

**Canberra Refugee Support Incorporated  
PO Box 3444, Weston Creek ACT 2611**

I wish to become a member. Here are my details:

<b>Name</b>
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<b>Address</b>	<b>State</b>	<b>Postcode</b>
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<b>Telephone Home Mobile</b>	<b>Email</b>
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**I would like to help with the following:**

Providing support to clients based on the CRS Good Neighbour model\*

Scholarship Program

Fundraising

Committee role

Organisational support  Administrative assistance

General IT support

Website

Other: If you have a particular area of interest or knowledge that you think could assist our clients, please outline here.

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\* Volunteers working with refugees must register with the ACT Government using the form 'Working With Vulnerable People' and advise us of your registration number *and expiry date*.

<b>WWVP Registration Details</b> <i>Note: details can be provided later</i>	Registration Number: _____ Date of expiry: _____
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<b>Signature</b>	<b>Date</b>
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Please complete and send, with payment to:

**Canberra Refugee Support, PO Box 3444, Weston Creek ACT 2611**

Or pay by direct debit to our account, with your name as the reference, to

**Canberra Refugee Support Inc  
Westpac  
BSB 032-719  
Account no 555919  
and send this form by post, or email to [actrefugee@gmail.com](mailto:actrefugee@gmail.com)**