



# APPLICATION FOR MEMBERSHIP

Rebalance the Globe ABN 96 845 022 766

Rebalance the Globe needs your support to continue its work.  
By becoming a Rebalance the Globe member you are contributing to the sustainability of our projects. This enables us to continue to respond to the needs of the communities we serve.

## My Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(This helps us to identify you more securely.)

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick if you would like to receive email updates

I hereby apply for membership of **Rebalance the Globe Incorporated Association** and agree to abide by the Rules of the Association.

Applicants Signature: \_\_\_\_\_

**Applicants must be proposed and seconded by Financial Members of Rebalance the Globe Inc.**

We certify that this applicant is known to us and is suitable for membership to Rebalance the Globe Inc.

Proposer: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
day month year

## Payment Details

I wish to pay the \$100 Annual Membership Fee by:

Cheque/money order is enclosed made payable to "Rebalance the Globe"

OR  Please debit my credit card:  Visa  MasterCard Expiry Date: \_\_\_\_ / \_\_\_\_

Credit Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

OR  Bank Transfer BSB: 083 - 219 Acc No: 872464523

Please Post to us at : Rebalance the Globe  
20 Cottlesloe Court  
Doncaster East Vic 3109

or Phone : (03) 9841 7599  
or Fax : (03) 9841 7599