

# TAX INVOICE

## ZIG ZAG YOUNG WOMEN'S RESOURCE CENTRE INC.

575 Old Cleveland Road, Camp Hill, Qld 4152  
Email: [info@zigzag.org.au](mailto:info@zigzag.org.au) | Tel: (07) 3843 1823 | Fax: (07) 3398 5400  
ABN: 50 672 576 508

### Membership Application 2019 – 2020

[Financial Year]

The undersigned hereby applies for admission to Zig Zag Young Women's Resource Centre Inc. as a Member and agrees to be governed by Zig Zag's Constitution and will support their Philosophy, Values and Vision which can be accessed through Zig Zag's Website <http://www.zigzag.org.au>

Name: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_ ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone / Mobile: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

Cost of Membership:  Service User or Concession \$2.00  
(GST included)  Individual \$11.00  
 Organisation \$22.00  
 Reciprocal membership (Available to organisations by mutual agreement)

Optional – I am also making a donation (tax deductible) of \$\_\_\_\_\_ Total Amount \$\_\_\_\_\_

Membership  New  Renewal  
Class of Membership:  Ordinary Member (18 years and over)  
 Associate Member (12 to 18 years)

*It is the intention of the organisation that no woman be excluded from membership because of financial hardship, therefore the concession rate is available to any woman who is unable to pay the full fee.*

### Payment details

- Cash
- Please find enclosed my cheque and completed membership application  
(Please make cheques payable to: Zig Zag Young Women's Resource Centre Inc)
- I've made a direct deposit to Zig Zag's bank account & faxed/emailed a completed membership application

BSB: 633-000  
ACCOUNT NUMBER: 131 675 100  
ACCOUNT NAME: ZIG ZAG YOUNG WOMEN'S RESOURCE CENTRE INC  
YOUR REFERENCE: \_\_\_\_\_

Receipt required:  Yes  No

#### Office Use:

#### Membership Acceptance

Proposed, accepted and seconded on \_\_\_\_\_ (date)

(Membership Fees are due for renewal on the 1<sup>st</sup> July each year)