



TAX INVOICE

ZIG ZAG YOUNG WOMEN'S RESOURCE CENTRE INC.

575 Old Cleveland Road, Camp Hill, Qld 4152

Email: info@zigzag.org.au | Tel: (07) 3843 1823 | Fax: (07) 3398 5400

ABN: 50 672 576 508

Membership Application 2021 - 2022

[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: _____

This membership will become your tax invoice upon payment

Office Use:

Membership Acceptance

Proposed, accepted and seconded on _____ (date)

(Membership Fees are due for renewal on the 1st July each year)