

**Community Access & Transition Service Inc.
(C.A.T.S. INC.)**

Mr / Mrs / Miss / Ms

Surname

First Name

Residential Address.....

.....

Mailing Address

.....

Telephone.....

Date of Birth (if under 18)

Signature of Applicant

Date

Please tick

- Corporate Membership (For Profit) - \$50p.a.
- Organisational Membership (NFP)—\$10p.a.
- Family Membership—\$10p.a.
- Family Pension Concession—\$8 p.a.
- Ordinary/Individual Membership—\$5 p.a.
- Honorary Membership—\$5 p.a.
(for employees—no voting rights)

Please return completed Membership form to:
The Secretary

Community Access & Transition Service Inc.
11 Mortimer Street

OFFICE USE: Proposer: Signature: Seconder Signature:.....
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