



**APPLICATION FOR MEMBERSHIP OF
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION INC**

(name of organisation)

(hereinafter referred to as **Applicant**), of

(address)

desires to become a Provisional Member of Australasian Therapeutic Communities Association Inc (**Association**)

In the event of admission of the Applicant as a member of the Association, the organisation agrees to be bound by the Constitution of the Association for the time being in force.

signature Date_____

I _____, a member of the Association,
(name)

nominate the applicant, for membership of the Association.

Signature of Proposer Date_____

I, _____ a member of the Association, second
(name)

the nomination of the applicant, for membership of the Association.

Signature of Seconder Date_____

Application Fees:

- Provisional \$110 (incl GST)

Cheques should be made payable to the Australasian Therapeutic Communities Association and sent to; Executive Officer ATCA, PO Box 464, Yass, NSW 2582, Australia.

Direct Deposits can be made to: ATCA Operational Account

BSB: 032 005 Account Number: 768242