



ST MAURICE AGED CARE LTD  
ABN 16 160 441 770

Suite 3/345 Kingsway, Caringbah NSW 2229  
M: 0400 26 26 25  
E: secretary@stmauriceagedcare.com.au

### Application for Membership Form

**Section A. Member Application Form (to be filled in by applicant).**

**\* Note: The Board Member (\$100) or Associate Member Fees (\$20) are to be paid upon successful admission.**

**ST MAURICE AGED CARE LIMITED**, a company incorporated under the Corporations Act 2001 (Cth), limited by Guarantee and not having Share Capital.

I, .....  
(full name of applicant)

of .....  
(address)

..... ,  
(occupation)

hereby apply to become a Member of the above-named Company. In the event of my admission as a Member, I agree to be bound by the Constitution of the Company for the time being in force.

.....  
Signature of applicant

Date.....

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**Section B: SMAC Member Nomination Form (to be filled in by SMAC Full Members Only)**

I, .....  
(full name)

a Member of the Company nominate the applicant, who is personally known to me, for Membership of the Company.

.....  
Signature of proposer

Date.....

I, .....  
(full name)

a Member of the Company second the nomination of the applicant, who is personally known to me, for membership of the Company.

.....  
Signature of seconder

Date.....