



Application for Membership

Applicant's Personal and Business Details

Mr/Ms/Mrs/Dr (First Name) _____ (Surname) _____

Your home address _____

Tel No. (AH) _____ Tel No. (AW) _____ Fax No _____

Are you self-employed? If Yes, enter Name of Business (below). If No, enter Name of Employer (below)

Name of Business or Employer _____

Address of Business/Employer _____

Your position (e.g. Company Director, IT Manager, etc) _____

Postal Address (for correspondence) _____

Email Address _____

Website (where applicable) _____

Please provide a brief background of your Business and of your Industry Experience. Details of your education background, formal qualifications and membership of other professional associations are optional.

Membership Type. (Please Circle). Please enclose appropriate cheque payable to "MABPAV"

Tertiary Membership: \$25

Retiree Membership: \$40

Professional Membership: \$50

Please sign the declaration below

I wish to apply for membership of the Maltese-Australian Business & Professional Association of Victoria, Inc.

I confirm that I am (delete as necessary):

1. a professional or business person practising my profession
2. I own my own business
3. a manager or executive in a commercial, industrial or professional organisation
4. a person who has retired from one of the above activities

I agree to abide by and to further the Objectives of this Association

Name _____

Signature _____

Professional Title _____

Date _____

Application form is also to be signed (below) by a Proposer and a Seconder, who must be financial members of the Association.

Name (Proposer) _____	Name (Seconder) _____
Signature _____	Signature _____
Date _____	Date _____