

MEMBERSHIP NOMINATION FORM: WORKVENTURES LTD A.C.N. 002 721 217

The Secretary
WorkVentures Ltd.
Level 3, 393 George Street
Sydney NSW 2000

Phone (02) 9282 6999

(Nominee to complete this section)

I _____ hereby apply for Membership of WorkVentures Ltd ('the Association') and if accepted, agree to abide by the Constitution of the Association.

Signature of Applicant:

Date:

(For our records- please print)

Nominee	
Family Name	Date and place of birth
Other Name/s	Home Telephone Number/Fax
Postal Address	Work Telephone Number/Fax
Email Address	Partner's Name
	Children's Names

Nomination (Any two members of the Association can complete this section)

We nominate the above person, who is personally known to us, to be a member of the Association.

Proposer	Secunder
Family Name:	Family Name:
Other Name/s	Other Name/s
Signature	Signature
Date	Date

(OFFICE USE ONLY)

Date accepted as member: _____.

Secretary's initial: _____.