



Membership Application Refugees and Partners Inc

First Name

Family Name

Address

Post Code

Phone

Email (PLEASE PRINT CLEARLY)

WWC Number

Expiry Date

Date of Birth

Driver's Licence # /photo ID #

I hereby apply to become a member of "Refugees and Partners Inc.", also known as "Zara's House Refugee Women and Children's Centre", at an annual cost of \$2 per calendar year

Applicant Signature

Date

I have:

Experience teaching English/ Arabic/Farsi/ Dari/ other _____

Experience working/living with _____

An interest in _____

OFFICE USE

\$2 Membership Received

Receipt #

WWC# Confirmed