



# Membership Application Form

CHINESE COMMUNITY COUNCIL OF AUSTRALIA, VICTORIAN CHAPTER  
澳華社區議會維多利亞州分部

PO BOX 589 NORTHCOTE, VICTORIA 3070  
WWW.CCCAVIC.ORG, CCCAVIC@GMAIL.COM

Name of  
Organisation or Individual  
機構或個人名稱

Address of Office  
or Premises  
辦公或處所地址

Postal Address  
郵政地址

Leave blank if same as above

## Application Details 申請細則

Title 稱呼

Mr/Miss/Mrs

Name of Applicant 申請人姓名

Position 職務

Leave blank if not applicable

Phone 電話

Day time contact number

Fax 傳真

Mobile 手機

Email 電子郵件

Leave blank if not applicable

Website 網站

Leave blank if not applicable

PLEASE ONLY FILL THE FOLLOWING IF YOU ARE APPLYING AS AN ORGANISATION 如果是組織申請，請填寫以下信息  
Tick any of the following to indicate the core activities of your organisation 選擇代表您組織的主要活動

Community  
社區

Cultural  
文化

Education  
教育

Media  
媒體

Others  
其他

Religious  
宗教

Senior  
老年

Social  
社會

Sporting  
體育

Welfare  
福利

Women's  
女子

Youth  
青年

OFFICE USE ONLY

STAMP

SHEET 2 of 2

PLEASE COMPLETE BOTH SIDES OF THIS FORM 請完成本表格雙面



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**PLEASE MAKE PAYMENT TO 請付款到 : ANZ BANK**

**BSB: 013259**

**ACCOUNT: 482718292**

## Membership Type 會員類型

### Organization Membership 組織會員 (\$68.00 pa)

A Chinese organisation whose primary object is to support Chinese, with core activity as on the front page and by virtue of this application is in agreement and in support of the aim, purpose, objective and activities of the CCCAV. 以支持華人為目的的華人組織，其主要活動在前頁列出。通過填寫此申請表格，同意並支持澳華社區議會維州分部的目標，目的和活動。

### Individual Membership 個人會員 (\$50.00 pa)

Individuals who abide by the CCCAV's constitution and is in agreement and in support of the aim, purpose, objective and activities of the CCCAV. 遵守澳華社區議會維州分部章程的個人，同意並支持澳華社區議會維州分部的目標，目的和活動。

### Advisory Council Membership of CCCAV 諮詢委員會成員 (\$200.00pa)

An individual may be invited to join the CCCAV's Advisory Council when deemed appropriate by the Executive. 在澳華社區議會維州分部執行委員會認可的情況下，澳華社區議會維州分部可能邀請個人加入其顧問理事會。

## Declaration 聲明

Applicant Name 申請人姓名

Applicant Signature 申請人簽署

Please print name

Please sign here

Date 日期

dd/mm/yy

## Please submit to 請提交表單到

MAIL 郵件: PO BOX 589, NORTHCOTE VICTORIA 3070

SHEET 2 of 2

PLEASE COMPLETE BOTH SIDES OF THIS FORM 請完成本表格雙面