

MIGRANT RESOURCE CENTRE (Southern Tasmania) Inc
APPLICATION FOR MEMBERSHIP



Applicant:

Title: Mr/Mrs/Ms

First Name:

Family Name:

Street Address:

Suburb/Postcode

Phone No:

Email :

Apply for membership of the Migrant Resource Centre (Southern Tasmania) Inc.

Signature:
Date: _____

Biographical Details of Applicant:

Ethnic Origin:

Organisations of which I am a member, and positions past and present held in those organisations:

Special interest in ethnic affairs and/or MRC activities:

How long did you know the organisation (MRC)?

What is your previous/current involvement with MRC

Return to:

Migrant Resource Centre, 49 Molle Street, HOBART Tas 7000
Fax 03 62311264 Tel: 03 6221 0999