MEMBERSHIP APPLICATION



Gay and Lesbian Immigration Task Force Incorporated in South Australia

MEMBER Number (office use only) – MBR.....

1. Select a Membership Type (tick a box and enter amount)

FULL Membership – AUD \$150 (new membership first year), AUD \$100 (renewal membership second year)

ASSOCIATE Membership – AUD \$40 (new membership first year), AUD \$20 (renewal membership each year)

Please find enclosed \$for Full Membership/Associate Membership

Email the completed form to the <u>secretary@sa.glitf.org.au</u> and forward payment to the Association's Bank Account via Direct Deposit or the Association's Treasurer will forward you an invoice which will need to be paid by **Direct Deposit** to the Association's Bank Account (GLITF SA BSB 805-050 A/C 102452301), quote your name of MBR Number.

2. Provide us your details

	Visa Applicant Details (enter details of the VISA Applicant)	Australian Partner Details (enter details of the Australian Resident / Citizen)
Name		
Nationality		
Email Address		
Mobile		
Phone (Home)		
Phone (Work)		
Occupation(s)		
Date of Birth		

AUSTRALIAN Postal Address:-

Number, Street			 	
City	State:	Post Code:		

3. Tick each box if you agree to the following

You agree to allow your contact details to be available to the GLITF SA Committee

You agree to allow GLITF SA to provide you information from third parties that is **related** to the mission of GLITF SA.

4. The small print - Disclaimer

I/we acknowledge that whilst care is taken with information or advice issued in the newsletter or other publications of the Gay & Lesbian Task Force (South Australia) Inc. ("the Association"), or given otherwise by members, officers or the Association's migration adviser, neither the Association nor any member or officer can be held responsible for the accuracy or applicability to any particular case of any such information or advice. I/we acknowledge that migration policy, legislation and interpretations in case-law are constantly changing and that it is my/our responsibility to verify any matter that is of importance to me/us, including the obtaining of legal advice where necessary. Under no circumstances is anything written or said by the Association or any member or officer or the migration adviser to be understood as legal advice. I/we acknowledge that agreement by me/us to receive any information or advice from the Association or any member or officer or officer from any claim or claims howsoever arising from the receipt of such advice. I/we acknowledge that these terms apply to information and advice supplied both before and after the signing hereof. If this acknowledgment is signed by one of us on behalf of joint members, the signatory warrants that he/she has the authority to bind the other member to these terms and agrees to indemnify the Association and any member.

Signature of Australian Partn	er	Date
Signature of VISA Applicant	(if available)	Date

GLITF SA Inc. | ABN 40-319-863-022 | email:- secretary@sa.glitf.org.au | web: www.sa.glitf.org.au