



**Stepping Out Program Inc**  
PO Box 507, Leichhardt NSW 2040  
02 9550 9398  
info@steppingout.org.au  
steppingout.org.au  
ABN 49 147 712 531  
Registered Charity 0207114  
**journey beyond trauma**

## Application for Membership of Stepping Out Program Inc.

(Incorporated under the Associations Incorporation Act 2009)

Full name (Applicant) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

I hereby apply to become a Member of the Stepping Out Program Incorporated Association.  
In the event of my admission as a Member, I agree to be bound by the constitution of the  
Association for the time being in force.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Full name (Association Member 1) \_\_\_\_\_

As a Member of the Association, I nominate the applicant for Membership of the Association.

Signature of proposer \_\_\_\_\_

Full name (Association Member 2) \_\_\_\_\_

As a Member of the Association, I second the nomination of the applicant for Membership  
of the Association.

Signature of seconder \_\_\_\_\_

Annual Membership Fee  \$40  \$5 (for past and current clients)

### Donate to support Stepping Out Program

\$25  \$150  \$100  \$ \_\_\_\_\_

Monthly  Annual  One time

Credit card  Mastercard  Visa  Amex

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_ Signed \_\_\_\_\_

Bank transfer: BSB: 633 000 / Account no: 119 454 890 / Account name: Stepping Out