



Stepping Out Program Inc
PO Box 507, Leichhardt NSW 2040
0455 265 241
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) _____ Phone _____

Address _____

Email 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 _____ CVV _____ Signed _____

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