



Membership Application Refugees and Partners Inc

First Name

Family Name

Address

Post Code

Phone

Email (PLEASE PRINT CLEARLY)

WWC Number

Expiry Date

**If you do not have a Working With Children Number, or you don't wish to provide a number,
you will be unable to volunteer at Zara's House**

Date of Birth

Driver's Licence # /photo ID #

I hereby apply to become a member of "Refugees and Partners Inc.", also known as "Zara's House Refugee Women and Children's Centre", at an annual cost of \$5 per calendar year

Applicant Signature

Date

I have:

Experience teaching English/ Arabic/Farsi/ Dari/ other _____

Experience working/living with _____

An interest in _____

OFFICE USE

\$5 Membership Received

Receipt #

WWC# Confirmed

Refugees and Partners Inc

ABN 92 680274721

Cnr Hill and Coles Streets Jesmond (PO Box 60 Jesmond NSW 2299)