



COUNCIL OF AUSTRALASIAN TRIBUNALS  
VICTORIA

ABN: 50 692 844 776

**APPLICATION FOR MEMBERSHIP / RENEWAL OF MEMBERSHIP**

**For the year ending 28 February 2018**

I, .....

[full name of applicant, including title – Justice, Judge, Dr, Mr, Ms, Mrs, etc]

Email .....

Postal Address .....

Business Telephone/mobile ..... Business Fax .....

hereby  apply for membership **or**  renew my membership of the COAT Victorian Chapter Inc. I agree to be bound by the rules of the Association for the time being in force, and I declare that I am supportive of the Objects of the Association.

Principal Occupation.....

I am / am not a member of or otherwise employed in a Tribunal or Board [strike out inapplicable option]

Tribunal/s and position/s held: .....

.....

I have made an EFT/attached cash/cheque for \$40 payable to “COAT Victorian Chapter Inc” in payment of the annual membership fee / I have registered for the conference and paid the registration which includes membership fee.

Signature of Applicant ..... Date ...../...../.....

**This is a TAX INVOICE upon receipt of payment. A receipted copy will be returned only if requested.**

Please send completed application to: **Sharee Saddington**, COAT Victorian Chapter Inc., c/- Administrative Appeals Tribunal, GPO Box 9943, Melbourne, Victoria, 3001

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Office Use Only

- o CASH/CHEQUE [delete inapplicable option] for \$40 annual membership fee received.
- o EFT BSB 013-017 Account No. 4970-43144 confirmed
- o Membership of COAT Victorian Chapter Inc. approved / noted by Committee

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**Signature of Committee Member** [for and on behalf of the Committee] Date .... / .... /....