

FUND MEMBERSHIP APPLICATION FORM

I Mr/Mrs/Dr/Ms/Prof..... of
[address].....
have read and understood the terms and conditions of joining the UKT Benevolent Fund
and agree to be bound by them.

I also advise that the following individuals (maximum of ten [10]), to be my nominated
immediate family members (and/or persons I consider close) who in the instance of
their unfortunate demise, I will be supported under this Fund's scheme:

	FULL OFFICIAL NAME	RELATIONSHIP

I have deposited [amount in Australian dollars]..... to the UKT Inc.
Benevolence Fund Bank Account - A/C No: 526480 BSB 034-212

This being (select one)

- The full requisite deposit of \$300.
- The initial part deposit of \$100 and I commit to clearing the balance of \$200 in two installments.

My current email address is.....

My best contact mobile number is.....

Signed Date.....

Instructions: Once you complete and sign this Fund Membership Form, please scan and email it to uktbenevolentfund@gmail.com to the attention of Fund Secretary.