



Melbourne
Clivia Group Inc.

Burwood East LPO
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**APPLICATION
FOR VOLUNTEER MEMBERSHIP OF THE
MELBOURNE CLIVIA GROUP INC. 2018**

Name: _____

Address: _____

_____ Postcode: _____

Telephone: (H) _____ (W) _____

Mobile: _____

E-mail: _____

- I wish to become a member of the Melbourne Clivia Group Inc. In the event of my admission as a member, I agree to support the purposes of the MCG Inc. and to comply with the rules of the group.

Signature: _____ Date: _____

Note: This form is specifically for non-members who will be assisting at the 2018 Clivia Expo, and needs to be completed to ensure that such volunteers are adequately covered from a public liability viewpoint. All such volunteers are required to complete this form and lodge it prior to the Expo.