

CO.AS.IT. (SA)

Board Membership Application Form

Name: _____

Organisation Name (if applicable): _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Do you have experience/knowledge within the aged care sector or the Italian community?
Please Circle Yes / No If yes please specify:

Why would you like to become a Board Member of CO.AS.IT.?

List two existing Board Members of CO.AS.IT. who support your application to the board?

Signature of Applicant: _____ Date: _____

Please return signed form to The President, CO.AS.IT. 398B Payneham Road, Glynde 5070
or by fax on 8337 2111. Thank you.

Office use only

Name of authorising person: _____ Position obtained: Yes or No

Signature: _____ Date: _____