

## ANGLICARESA MEMBERS CONSENT FORM

Anglicare SA Ltd.  
ABN 69 187 578 153  
ACN 169 715 762

159 Port Road  
Hindmarsh SA 5007

P: 08 8305 9200  
F: 08 8305 9211

admin@anglicaresa.com.au  
www.anglicaresa.com.au

### Please Complete:

My present Christian or other names and surname are:

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My residential address is:

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My Parish is (if applicable):

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Date and Place of

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Birth: Email address:

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Contact Number:

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Mobile Number:

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Clergy     Laity     Alternate Proxy for: \_\_\_\_\_

Board

### MEMBERS CONSENT:

I agree/consent to my name being entered into the Register of Members and agree to be bound by the Constitution of the Company.

### CONSENT TO RECEIVE INFORMATION ELECTRONICALLY:

I hereby consent to have the AnglicareSA Ltd Notice of Annual General Meeting, Annual Report and Audited Financial Statement delivered to me **via email** on my address provided above.

### CONSENT TO RECEIVE MEMBERS UPDATE:

I consent to receive the AnglicareSA Ltd Members Update electronically.

DATED the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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Signature of Member