

Office Use Only	
Member #	

SCHEDULE 2

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

To: The Trustee
SEET Benefit Trust Deed

I, the undersigned person, being eligible, apply for admission to membership of the Fund.
I agree to be bound by the provisions of the SEET Benefit Trust Deed.

Member's Signature: _____

Date: _____
DD / MM / YYYY

Member Details

Name:					
Address:					
Suburb:		State:		Postcode:	
email address:					
Phone Number:					
Mobile Number:					
Date of Birth:		Australian Business Number (ABN):			
Occupation:				Start Date:	

Employer Details

Employer Name:		Employer Number:	
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Please return completed form to SEET at PO Box 666 Carlton South Vic 3153 or via email to mail@seet.com.au.

It is important that this form is completed and signed by the member then to returned to SEET.