

**Application Form for Registering a Membership of AHPFSPS:**

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| Your Full Legal Name:  | Office Use Only: |
| Your Date of Birth:  |                  |
| Your Present Residential Address(if homeless, write: "Not applicable"):  |                  |
| Your Mailing Address: (if it is the same of your present residential Address, write "As Above")  |                  |
| Your Personal Mobile No:   |                  |
| Your Personal Secure Email Address:  |                  |
| <p>Your Declaration:<br/> I(printed your full legal name)_____ ,</p> <p>am willing to become a member of Australian Human Rights, Personal and Family Safety Protecting Service(AHPFSPS) for protecting my human rights and my family human rights safety. And all information I provided above are true and correct. For confirming my willingness, I sign this application form with my true hand writing as below:</p> <p>Signature:_____</p> <p>Dated:_____;</p> <p>Place:_____.</p> <p>Your Protecting Program No:_____.</p> <p>Your Comments or Suggestions:</p> |                  |

**Note:** You must print out this form and sign. Do not use "DocSign" and sign online. After signing this form, make it be a PDF file and then send it to:

[www792014@yahoo.com.au](mailto:www792014@yahoo.com.au), with your payment receipt for the first month of your chosen program: The price(4 weeks' payments) of your chosen program+10% GST of that price +\$27 Administration fee(only one time payment).