Details of n		and ad	dress of each	person who consen	ts to become	a member.													
Member details and shareholding Address of individual or			Family name																
			Given names OR																
										Company name									
										ACN/ARBN/ ABN care of									
			company			Office, unit, level or PO box number Street number and Street name													
	Suburb/City				State/Territory														
			Postcode		country (if not Australia)														
Share class code	Number of Amou shares taken up pay p		unt agreed to Total \$ paid on these shares		Amount u		Total \$ unpaid on these shares	Fully paid (y/n)	Beneficially held (y/n)										