6 Details of		and ad	dress of each	person who consen	nts to b	ecome a membe	r.														
Member details and shareholding			Family name																		
Address of individual or			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			mount unpaid er share	Total \$ unpaid on these shares		Fully paid (y/n)	Beneficially held (y/n)											