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APPLICATION FOR MEMBERSHIP OF ASSOCIATION

INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT, 1984.

I,, OF, (FULL RESIDENTIAL ADDRESS)

.....

**PHONE No: OCCUPATION:..... HEREBY APPLY TO
BECOME A MEMBER OF THE ABOVE NAMED INCORPORATED ASSOCIATION. IN EVENT OF MY
ADMISSION AS A MEMBER, I AGREE TO BE BOUND BY THE ROLES OF THE ASSOCIATION FOR
THE TIME BEING IN FORCE.**

.....

SIGNATURE OF APPLICANT

DATE:

**I,A MEMBER OF THE ASSOCIATION,
(FULL NAME)**

**NOMINATE THE APPLICANT, WHO IS PERSONALLY KNOWN TO ME, FOR MEMBERSHIP OF THE
ASSOCIATION.**

.....

SIGNATURE OF PROPOSER

DATE:

**I,A MEMBER OF THE ASSOCIATION,
(FULL NAME)**

**SECOND THE NOMINATION OF THE APPLICANT, WHO IS PERSONALLY KNOWN TO ME, FOR
MEMBERSHIP OF THE ASSOCIATION.**

.....

SIGNATURE OF SECONDER

DATE: