



APPLICATION FOR MEMBERSHIP

I, .....

[full name of applicant]

of .....

[residential address]

.....

[e-mail address]

\_\_\_ / \_\_\_ / \_\_\_      \_\_\_ - \_\_\_ - \_\_\_

[ date of birth dd/mm/yyyy ]

[best telephone contact number]

hereby apply to become a member of the abovenamed incorporated Association. In the event of my admission as a member, I agree to be bound by the Constitution, by-laws, policies, and procedures of the Association for the time being in force.

.....

Signature of applicant [parent/guardian to sign if under 18 years of age]

...../...../.....

Date

Payment Method: Cash/Cheque or
Direct Deposit to:
BSB: 704-189
ACC: 00010009
REFERENCE: Your Name

OFFICE USE
Confirmed Member Number: \_\_\_\_\_
Paid by: EFT / CHEQUE / CASH
Date: \_\_\_ / \_\_\_ / \_\_\_\_\_