

APPLICATION FOR MEMBERSHIP

Blackheath Area Neighbourhood Centre Inc.



Date of Application:	
Name:	
Postal address:	
Email address:	
Phone: (work) (home) (mobile)	
Occupation:	

DECLARATION

I hereby apply to be a member of Blackheath Area Neighbourhood Centre Incorporated.

In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of ApplicantDate.....

PROPOSER

I,....., a Member of the Association, propose the nomination of the applicant, who is personally known to me, for Membership of the Association.

Signature of Proposer.....Date.....

SECONDER

I,....., a Member of the Association, second the nomination of the applicant, who is personally known to me, for Membership of the Association.

Signature of Secunder.....Date.....

OFFICE USE ONLY

Date received..... Date approved by Management Committee.....