## Application for membership of the Wamboin Community Association Incorporated (the Association)

Please return completed form to The Secretary, Wamboin Community Association Inc., 112 Bingley Way Wamboin NSW 2620 or to any Committee member.

I, [full name of applicant]	
of [address]	
phone email addı	ress
hereby apply to <u>*become a member</u> / <u>*rene</u>	ew my membership [*please indicate] of the above
named incorporated Association for the opera	ating year <sup>#</sup> [20YY] to [20YY]
<sup>#</sup> Membership applications are accepted througho General Meeting of the Association usually held in	out the year. All memberships expire at the next Annual n April each year.)
In the event of my admission as a member, I a for the time being in force.	agree to be bound by the constitution of the Association
requested by another member?  Yes  Note that under the Associations Incorp view that association's membership registed By indicating yes or no, you are advising address and contact details to be suppression.	,
Signature of applicant	Date
THIS SECTION ONLY REQUIRED FOR N	EW MEMBERSHIP APPLICATIONS
I, [full name]a member of the Association, nominate the	applicant for membership of the Association.
Signature of proposer	Date
	applicant for membership of the Association.
Signature of seconder  COMMITTEE USE ONLY	 Date
COMMINITY I EE USE ONLY	
Application approved by [name]	
Membership subscription received $\ \square$	
Position	Date