



Application for Membership

Application for Membership of Community Links Wollondilly Inc Trading as Community Links Wellbeing

I (full name of Applicant)

Of (address of Applicant)

hereby apply to become a member of the above incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association.

Tick whichever is appropriate:

I give permission for my **name & contact information** to be placed on public record as being a member of Community Links Wollondilly Inc. while I am a financial member.

I give my permission **name only** to be placed on public record as being a member of Community Links Wollondilly Inc. while I am a financial member.

Signature of applicant

Full Name of Nominator

Signature of Nominator

Full Name of Seconder

Signature of Seconder

Membership fee \$5.00 for 5 years _____ Rcpt No. Date: _____