



1.02b Application for Membership

Application for Membership of Community Links Wollondilly Inc

I (full name of Applicant)

Of (address of Applicant)

Email:

Phone:

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.
- I do not give permission for my membership to be made public

Signature of applicant

Full Name of Nominator

Signature of Nominator

Full Name of Secunder

Signature of Secunder

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