



1.02b Application for Membership

Application for Membership of Community Links Wellbeing Ltd

<p>I (full name of Applicant)</p> <p>Of (address of Applicant)</p>

Hereby apply to become a member of Community Links Wellbeing Ltd. In the event of my admission as a member, I agree to be bound by the rules of the organisation.

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 Wellbeing Ltd 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 Wellbeing Ltd 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: _____