

APPENDIX 1

APPLICATION FOR MEMBERSHIP OF
MURRABIT ADVANCEMENT ASSOCIATION

I _____
(Full Name)

of _____
(Address)

Occupation _____

desire to become a Member of the Murrabit Advancement Association.

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 APPLICANT: _____

DATE: _____

I _____ a member of the association,
(name)

nominate the applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF PROPOSER: _____

DATE: _____

I _____ a member of the association,
(name)

second the nomination of the applicant, who is personally known to me, for membership of the Association.

SIGNATURE OF SECONDER: _____

DATE: _____

Personal details of Association members will be added to the Register of Members held at the Murrabit Advancement Association office and is available to members only for inspection of request.

*This form must be accompanied by the \$10.00 membership fee .
Please post this form to
Murrabit Advancement Association, P.O. Box 3, MURRABIT VIC 3579
OR drop into the office, Gonn Ave, Murrabit.*