SSCSS

Sutherland Shire Carer Support Service Inc

'Caring for Carers'

ABN 67 860 764 301

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

(Membership to September 2017)

I,……
(full name of applicant)

of……..
(address)

being ……...
(occupation)

at …….
(place of work)

hereby apply to become a member of Sutherland Shire Carer Support Service Inc. (This will also grant membership of Sutherland Shire Community Care Network Inc.)

In the event of my admission as a member, I agree to be bound by the rules of the association.
I note that a $2 fee is required to activate membership, and undertake to pay this within 7 days.

…… …….
Signature of applicant Date

Ph …… Email ……..

MANAGEMENT COMMITTEE ENDORSEMENT

PROPOSER:

I……., a member of the Committee, nominate the applicant, who is known to me, for membership of the association.

…… ……
Signature of proposer Date

SECONDER:

I……., a member of the association, second the nomination of the applicant for membership of the association.

…… ……
Signature of seconder Date