



Sutherland Shire Carer Support Service Inc
'Caring for Carers'

ABN 67 860 764 301

APPLICATION FOR MEMBERSHIP OF ASSOCIATION
(Membership to September 2019)

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.

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

BOARD ENDORSEMENT

PROPOSER:

I....., a Board member, 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

Address (and all correspondence) Stapleton Avenue Community Centre, 3a Stapleton Avenue, Sutherland NSW 2232
Website: www.sscss.org.au

Phone number: 9542 6292

Fax: 9542 6291

Email: tracy@sscsc.org.au