APPLICATION FOR MEMBERSHIP OF

KINGLAKE RANGES NEIGHBOURHOOD HOUSE INC.

I,.....
(name in full)

Of .....

(address) **State:** ..... **P/Code:** .....

Phone: ..... **MOBILE:** .....

Email: .....

D.O.B: ...../...../..... **(Associate Member or Full Member)**

Request to become a member of Kinglake Ranges Neighbourhood House Inc

I shall be bound by the rules of the Association, and with the Statement of Purpose.

Signature of Applicant.....

Date: ...../...../.....

I, ...

(name)

a member of the Association, nominate the applicant for membership of the Association.

Signature of Proposer.....**(date)**...../...../.....

I, ...
(name)

a member of the Association, nominate the applicant for membership of the Association.

Signature of seconder.....**(date)**...../...../.....

COMMITTEE USE ONLY:

approved/declined: ..... *Entered into register:* *Y / N* *date* ...../...../.....

Kinglake Ranges Neighbourhood House

ABN / GST 51 701 160 084 **CORPORATION No. A0043367X**

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