

EUNGELLA COMMUNITY DEVELOPMENT ASSOC. INC.

APPLICATION FOR MEMBERSHIP

I/we wish to apply for Membership of the Eungella Community Development Association and agree to support its Aims & Objective.

NAME/S: _____

ADDRESS: _____

_____ PHONE: _____

MOBILE/S: _____

EMAIL ADDRESS/S: _____ @ _____

_____ @ _____

SIGNATURE/S: _____ DATE: _____

_____ DATE: _____

(Office use only)

Proposed by: _____ (print name) _____ (signature)

Seconded by: _____ (print name) _____ (signature)

JOINING FEE \$10.00 (Single) \$15.00 (Double)

(renewed annually from AGM)

All applications for Membership must be approved by the management Committee. A Membership Card will be issued. Privileges apply.

Approved / Not Approved

Management Committee Meeting: _____ Date: _____

Secretary: _____ President: _____

Receipt #: _____ Membership #: _____