

APPLICATION FOR INDIVIDUAL

Moonya Community Services Incorporated

Applicant to Complete

I, _____ (Full Name of Applicant)

Of _____ (Address)

_____ Post Code _____

Wish to become a member/associate of Moonya Community Services Inc.

In the event of my admission as a member/associate, I agree to be bound by the Rules of Association that are in place.

Signature: _____

Date: _____

Nominating Member to Complete (Moonya will arrange a member to complete this part for you)

I, _____ being a member nominate the applicant for membership/ of Moonya Community Services.

Name of Proposer: _____

Signature of Proposer: _____

Date: _____

Name of Seconder: _____

Signature of Seconder: _____

Date: _____

Payment

Please remember to enclose payment of \$27.50 with your membership application, or \$10 for an associate.