

APPENDIX 1 – FORM OF MEMBERSHIP APPLICATION

Membership Category: For the position of (tick one box):

Full Member	<input type="checkbox"/>	Student Member	<input type="checkbox"/>
Introductory Member	<input type="checkbox"/>	Associate Member	<input type="checkbox"/>
Social Member	<input type="checkbox"/>	Family Member	<input type="checkbox"/>

Name: _____

Street Address: _____

Suburb or Town: _____ Postcode: _____

Home Phone No: _____ Mobile Phone No: _____

E-Mail Address: _____

Optional information

Emergency Contact Name: _____

Relationship: _____ Phone No: _____

Signature: _____ Date: _____

Nominated by: _____ Date: _____

Seconded by: _____ Date: _____