

## APPENDIX 1 – FORM OF MEMBERSHIP APPLICATION

Membership Category (tick one box 

Full Member	<input type="checkbox"/>	Under 21 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: \_\_\_\_\_