

## Application for Membership

I hereby apply to become a member of the Surry Hills Neighbourhood Centre Inc. I agree to be bound by the Constitution for the time being in force.

Full Name	
Postal Address	
Postcode	
Email	Phone (home)
Mobile	Phone (work)
Signature	Date

I nominate the applicant for membership of the Surry Hills Neighbourhood Centre

I second the applicant's nomination for membership of the Surry Hills Neighbourhood Centre

Name:	Date:
Signature:	

Name:	Date:
Signature:	

Annual Membership Fee: \$1.00	Amount Paid: \$	Payment Method: <i>(please tick one)</i> <input type="checkbox"/> Cash <input type="checkbox"/> EFT (Surry Hills Neighbourhood Centre BSB 062 258 Account 901833)
<p>Members are invited to attend the Annual General Meeting and are eligible to vote at all general meetings of SHNC</p>		

Office Use		
Payment received: (signature)	Receipt issued: (number)	Acknowledgement sent (date)