

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

Name:	Date:
Signature:	

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

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)
Members are invited to attend the Annual General Meeting and are eligible to vote at all general meetings of SHNC		

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