

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

**GALLOWAYS AUSTRALIA
INCORPORATED**

(incorporated under the Associations Incorporation Act 1991)



I, *(full name of applicant)*.....

Of *(address)*.....

Occupation..... hereby apply to become a member of the abovenamed incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force. **Note:** Only one person per membership

Date *Signature of applicant*.....

Proposer:

I, *(full name)*

a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

Date *Signature of proposer*.....

Secunder:

I, *(full name)*

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

Date *Signature of secunder*.....

Other Information:

Phone.....*Email*.....

Mobile.....*Fax*.....*WWW*.....

Fees applicable: Member \$110.00 per annum

Forward to: The Secretary Galloways Australia
PO Box 309
Hall, ACT 2618

By signing this form, you acknowledge the GA Information and Privacy Policy, which can be found on www.gallowaysaustralia.com.au