

MURWILLUMBAH COMMUNITY CENTRE INC.
PO BOX 722 MURWILLUMBAH NSW 2484
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APPLICATION FOR MEMBERSHIP

(Incorporated under the Associations Incorporation Act, 1984)
Please Return Form

I, _____ of: _____
(Full name of applicant) (Address and phone number)

(Occupation)

do hereby apply for membership of the above mentioned incorporation 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.

(Signature of applicant)

(Date)

I _____ a member of the association, nominate the applicant, for membership of the association.

Signature

Date

Accepted / not accepted at committee meeting _____

Date

Fees: \$1.10 Joining Fee and \$2.20 Annual Subscription

Date paid: _____ Receipt No. _____