

APPLICATION FOR FULL MEMBERSHIP

RULE 6.1

BRANCH _____ DATE _____

TO BE FILLED OUT BY THE APPLICANT

CHRISTIAN NAMES _____ SURNAME _____
SERVICE NUMBER _____ ADDRESS _____
SUBURB _____
CITY _____

IF MEMBERSHIP ACCEPTED, I HEREBY ACKNOWLEDGE AND WILL ABIDE BY THE RULES OF THE ABOVE ASSOCIATION AND ANY BY LAWS OF THE ABOVE BRANCH

PROOF OF SERVICE ATTACHED ? _____ SIGNATURE OF APPLICANT _____

TO BE FILLED OUT BY THE PROPOSER AND SECONDER

PROPOSER	SECONDER
I WISH TO NOMINATE THE ABOVE NAMED FOR FULL MEMBERSHIP OF THIS BRANCH I AM A FINANCIAL MEMBER OF THIS BRANCH	I WISH TO SECOND THE ABOVE NAMED FOR FULL MEMBERSHIP OF THIS BRANCH I AM A FINANCIAL MEMBER OF THIS BRANCH
_____ PRINT NAME	_____ PRINT NAME
_____ SIGNATURE	_____ SIGNATURE
DATE _____	DATE _____

EXECUTIVE COMMITTEE

NOTES _____

MEMBERSHIP ACCEPTED/REJECTED DATE _____

BRANCH PRESIDENT BRANCH SECRETARY

DATE JOINED BRANCH _____ SUBSCRIPTION RECEIVED _____

SECRETARY IS CAPITATION RECEIPT UPDATED