



## Application for Membership

I .....  
*Applicant's name – please print*

of .....

.....  
*Applicant's residential or postal address* *postcode*  
*- required under Rule 7 of the Associations Incorporation Act 1987, amended 2015*

Daytime phone (if contactable) ..... Mobile .....

Email address .....  
*Please print clearly as this is our main method of communication*

I apply to become a member of the above Association and I agree to be bound by the rules of the Association

Applicants signature ..... Date .....

**PROPOSED BY:** *Rule 6(2) A person who wishes to become a member must be proposed by one member and seconded by another.*

Name: ..... Signature: ..... Date: .....

**SECONDED BY:**

Name: ..... Signature: ..... Date: .....

**Information for Applicants**

**Annual fees \$60.** If paid on or after Feb meeting = \$50. If paid on or after July meeting = \$60, but this will cover the following year. **Please note: All new memberships are subject to an additional one-off \$10 nomination fee.**

This form, together with cheque, cash, or a direct payment for the correct fee, to be handed to a committee member.

Direct payments **should be** made to: BSB 633 000 Ac No 204 985 162 please include your **name plus fees.**

- If your application is accepted, your name and address, as provided above, **must** be recorded in a register of members which is made available to other members, upon request, under Rule 24 of the Associations Incorporation Act.
- If the obligations under the Associations Incorporation Act are not complied with, the Association can be wound up.
- You can contact the Associations President, Carolyn Ellis by email: carolyne@sdf3.com
- You can access or correct the personal information (your name and address) held by the Association by contacting the Membership Officer, Harry Smith by email: fwwa.secretary@gmail.com
- The FWWAs website can be accessed at: [www.fwwa.org.au](http://www.fwwa.org.au)

**For administration only.**

<input type="checkbox"/> Membership received	Date: .....	
<input type="checkbox"/> Circulated to committee	Date: .....	
<input type="checkbox"/> Membership fee paid	Date: .....	Amount paid .....
<input type="checkbox"/> Membership list updated	Date: .....	
<input type="checkbox"/> Email list updated	Date: .....	
<input type="checkbox"/> Name badge ordered	Date: .....	Approved by Committee Date .....