

Coastal Communities Protection Alliance-Wooli Inc

(name of association)

Incorporated (incorporated under the Associations Incorporation Act 2009)

I,
(full name of applicant)

Of
(address)

Email Address (for correspondence)

Hereby apply to: (tick appropriate box)

BECOME A MEMBER OR **RENEW MY MEMBERSHIP**

For a period of: (tick appropriate box)

1 Year (\$5) OR **5 Years (\$25)**

of the above named incorporated association.

In the event of my admission as a member I agree to be bound by the constitution of the association for the time being in force.

Signature of applicant

Date

***COMPLETE (below) IF BECOMING A MEMBER:**

I,
(full name of proposer)

a member of the association, nominate the applicant for membership of the association

Signature of proposer

Date

I,
(full name of seconder)

a member of the association, second the nomination of applicant for membership of the association

Signature of seconder

Date