APPLICATION FOR MEMBERSHIP/RENEWAL OF ASSOCIATION

Coastal Communities Protection Alliance-Wooli Inc

(name of association)
Incorporated (incorporated under the Associations Incorporation Act 2009)

I, (full name of applicant) Of (address) (occupation) Email Address (for correspondence)..... Telephone: Hm:...... Mobile:...... Mobile:..... Hereby apply to: (tick appropriate box) □ BECOME a MEMBER* OR □ RENEW my MEMBERSHIP 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: l, (full name of proposer) a member of the association, nominate the applicant for membership of the association Signature of proposer l, (full name of seconder) a member of the association, second the nomination of applicant for membership of the association Signature of seconder Date