



Community Accessibility
P O Box 1596,
Wodonga 3689
Ph:1300 704 530
info@gettingthere.net.au

ASSOCIATION MEMBERSHIP APPLICATION

Reg No A0035972A

ABN 75 167 006 048

(New Members and Membership Renewal)

\$1 New Membership – Entrance fee \$2 Annual Membership/Renewal of Membership

I _____
(full name) (Occupation)
of _____
(Address)

wish to become/renew a financial member/ship of the Community Accessibility Inc. and 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.

In line with Community Accessibility Rules of Association membership applications must be approved by a Proposed and a Seconded by a current member of the association. If you do not know a current member you can leave your form partly completed and we contact a member on your behalf.

Proposer

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

.....
Signature of proposer Date

Secunder

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

.....
Signature of secunder Date

Please send your application form to

**To: The Secretary
 Community Accessibility Inc.
 P.O. Box 1596
 Wodonga 3690**

Applications are processed at the next available committee meeting. We look forward to welcoming you as a member of our Association. Please enclose \$3 for new members and \$2 for renewing members.