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Lvl 2, 59-63 Evaline St Campsie 2194

PO Box 503 Campsie NSW 2194

Tel: 02 9789 3744 I Fax: 02 9718 0236

**APPLICATION FOR MEMBERSHIP OF METRO ASSIST INCORPORATED RULE 30(1)**

(*Incorporated under the Associations Incorporation Act 1984*)

ABN 9719621086

I,

(full name of applicant)

of

(address)

Name of the organisation/agency **(if applicable)**

(occupation)

hereby apply to become a member of the above named incorporated association under the following category:

**□ Ethnic organisation member (A)**

**□ Community organisation member (B)**

**□ Individual member (C)**

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.

**Signature of applicant Date**

I, a member of the association,

(full name)

nominate the applicant, who is personally known to me, for membership of the association

**(Signature of proposer) Date**

I, a member of the association,

(full name)

second the nomination of the applicant, who is personally known to me, for membership of the association

**(Signature of seconder) Date**