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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 LIMITED RULE 8(4)**

(*Registered under the Corporations Act*)

ABN 9719621086 ACN 615 565 869

I,

(full name of applicant)

of

(address)

from …………

Name of the organisation/company/agency **(for corporate members)**

(occupation)

hereby apply to become a member of Metro Assist Limited under the following category:

**□ Individual member**

**□ Corporate Member**

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

**Signature of applicant Date**

I, a member of the company,

(full name)

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

**(Signature of proposer) Date**

I, a member of the company,

(full name)

second the nomination of the applicant, who is known to me, for membership of the company.

**(Signature of seconder) Date**