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| **APPLICANT** |
| I desire to become a member of WRISC Family Violence Support Inc.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.**PLEASE PRINT** |
| **Name:** |       |
| **Mailing Address:** |       |
| **Suburb:** |       | **POSTCODE:** |       |
| **Telephone No:** |       | **MOBILE:** |       |
| **Email:** |       |
| **Company:** |       |
| **Position:** |       |
| **Signature of Applicant:** |  |
| **Date:** |       |

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| **PROPOSER** |
| I, |       | a member of the Association, nominate the applicant, |
|  | *(Name)* |  |
| who is personally known to me, for membership of the Association. |
|  | **Signature of Proposer**  |  |
|  | **Date** |       |
|  |
| **SECONDER** |
| I, |       | a member of the Association, second  |
|  | *(Name)* |  |
| the nomination of the applicant, who is personally known to me, for membership of the Association. |
|  | **Signature of Seconder**  |  |
|  | **Date** |       |
| ***Applicants are advised that if approved for membership their name and contact details will be added to the ‘Register of Members’. All members of the association are entitled to request to view the register.*** |