

Application for Membership

Save Our Hospital Incorporated

(incorporated under the Associations Incorporation Act 1984)

I,
(FULL NAME OF APPLICANT)

of
(ADDRESS)

Occupation:

hereby apply to become a (please tick) Full Member Associate Member of the abovenamed incorporated association. In the event of my admission to membership, I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant: Date:

I, a Full Member of the association,
(FULL NAME)

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

Signature of the Proposer: Date:

ADMINISTRATION (OFFICE USE ONLY)

Applicant's:

Telephone: Email:

Amount paid: \$ Paid to:

Date:

RECEIPT

Received from:
(FULL NAME OF APPLICANT)

The sum of: \$ for membership as a (please tick) Full Member Associate Member of Save Our Hospital Incorporated.

Date: Signed:

Save Our Hospital Incorporated • ABN 41 974 891 175