

**APPLICATION FOR MEMBERSHIP OF THE BOARD OF THE UPPER LACHLAN
FOUNDATION INC.**

I, _____ (name of applicant)

of _____

_____ (address of applicant)

ULF Membership No: _____

Phone: _____

Fax: _____

Email: _____

Hereby apply for membership of the Board of the Upper Lachlan Foundation and agree to be bound by the responsibilities of a Board Member

Signature of Applicant

Date

Name of Proposer

ULF Membership No. of Proposer

Signature of Proposer

Date

Name of Seconder

ULF Membership No. of Seconder

Signature of Seconder

Date