

APPLICATION FOR MEMBERSHIP OF UPPER LACHLAN FOUNDATION INC.

(Incorporated under the Associations Incorporation Act 1984)

(To be completed by an individual)



I, _____
(full name of applicant)

of _____

Phone: _____ Fax: _____

Mailing Address (if different from address above):

Email: _____

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the Foundation for the time being in force.

Yes ☐ (please tick)

agree to be contacted by the Foundation via the contact details above in accordance with appropriate privacy laws.

Yes ☐ (please tick)

hereby submit membership payment of \$20

Yes ☐ (please tick)

payment method: cash OR cheque (please circle one) **Receipt No:** _____
(cheques can be made out to The Upper Lachlan Foundation Inc.)

Signature of applicant

Date

I, _____, being a member of the Upper Lachlan Foundation, nominate the applicant, for membership of the Foundation.

Signature

Date

Please post your application for membership and payment to:
The Upper Lachlan Foundation Inc.
PO Box 242
Crookwell NSW 2583