

APPLICATION FOR MEMBERSHIP OF UPPER LACHLAN FOUNDATION INC.
(Incorporated under the Associations Incorporation Act 1984)
(To be completed by an Association, Club etc)

WE, _____
(full name of applicant body)

of _____

Contact Nominee: _____

Contact Details:

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 the admission of our Association as a member, the Association agrees to be bound by the rules of the Foundation for the time being in force. The Chairperson of the Applicant body shall be our nominee unless otherwise advised. 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, Donald Burbidge, a member of the Foundation Steering Committee, 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