

Please complete the form and email it to [manager@ncobs.org.au](mailto:manager@ncobs.org.au) – thank you for your membership support.



# Neighbourhood Centres of Bellingen Shire Inc

Based on Gumbaynggirr Country in the Bellingen Shire

## APPLICATION FOR MEMBERSHIP OF ASSOCIATION

**Neighbourhood Centres of Bellingen Shire Inc – INC1901679**

(incorporated under the *Associations Incorporation Act 2009*)

### APPLICANT

I, .....

*(full name of person being nominated for membership)*

of.....

*(residential address)*

Phone: ..... Email: .....

do hereby apply to become a member of Neighbourhood Centres of Bellingen Shire Inc. In the event of my admission as a member of the association, I agree to pay the required membership fees when due and to be bound by the Constitution of Neighbourhood Centres of Bellingen Shire Inc while I am a member.

..... Date.....

*Signature of applicant*

### NOMINATION

I, ..... am a current member of the association,

*(full name)*

and nominate the applicant for membership of the association.

..... Date.....

*Signature of member nominating the applicant*

I, ..... am a current member of the association,

*(full name)*

and second the nomination of the applicant for membership of the association.

..... Date.....

*Signature of seconder*

- **Two current/financial members must nominate and second the nomination. Completed applications will then be presented at the next Management Committee meeting for approval.**
- **Once approved, the annual fee of \$5 will be payable to finalise your membership. We will contact you to say WELCOME! and to provide details for payment. Thanks for Connecting.**