

Weindorfer Association Incorporated

Membership Application Form

Applicant Details

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Membership Class

Please select the desired membership class:

☐ Member (Annual fee, Voting right)

☐ Associate Member (No fee, No voting right)

☐ Subscribing Member (Online signup, No voting right)

Nominator Details (Required for Member and Associate Member Classes)

Nominator's Name: _____

Nominator's Signature: _____

What skills and experience do you bring to our organisation

Declaration and Agreement

I hereby certify that there are no matters that the committee should be aware of when reviewing my application for membership. Failure to disclosed relevant matters may prevent approval of your membership or membership cancellation

I agree to comply with the Constitution and Policies of the Weindorfer Association Incorporated.

Applicant's Signature: _____ Date: _____