Gippsland Women's Network

Gippsland Women's Network

PO Box 416
Sale 3853
Australia

www.gwn.org.au
gippsland@gwn.org.au

ABN: 81 187 620 516
Inc: A0047745N

APPLICATION FOR MEMBERSHIP

THE GIPPSLAND WOMENS NETWORK

I (name) ……..……

Of (address) ……..……..……

……..……..……..……

desire to become a member of:

The Gippsland Women's Network

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

……..…… ……..……
Signature of Applicant Date

I, …….. , a member of the Association,
(*name*)
nominate the applicant, who is personally known to me, for membership of the Association.

……..…… ……..……
Signature of Proposer Date

I, ……..… , a member of the Association, second
(*name*)
the nomination of the applicant, who is personally known to me, for membership of the Association.

……..…… ……..……
Signature of Proposer Date

Membership Fees Individual $22-00
Organisation $50-00

Please forward your application form with cheque to the Secretary.
Di Deppeler, PO Box 416, Sale 3850
Ph (03) 5157 9333.

A receipt will be mailed to you.