



Blue Mountains Women's Health & Resource Centre Inc.
(incorporated under the [NSW Associations Incorporations Act 2009](#))

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

FULL NAME: EMAIL:
ADDRESS: TOWN:
POSTCODE: OCCUPATION:

I 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 constitution of the Association for the time being in force. By joining the Incorporated Association of Blue Mountains Women's Health and Resource Centre Inc, I agree to uphold the objects of the Association as set out in the Association's Constitution.

Signature of applicant

Date

Membership Nominator 1

I (full name) _____ a member of the Association,
nominate the applicant for membership of the Association.

Signature of applicant

Date

Membership Nominator 2

I (full name) _____ a member of the Association,
nominate the applicant for membership of the Association.

Signature of applicant

Date