

Stokers Siding & District Community Association Inc

Association Membership Application Form:

Full Name: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Occupation (optional): _____

I hereby apply to become a member of the Stokers Siding & District Community Association Inc. I am aware that information on the Association's constitution is available on the website www.stokerssiding.com.au

I agree to be bound by the rules of the Association currently in force and that all membership applications are subject to approval.

I submit the \$5 annual membership fee with this application.

Applicant Signature: _____ Date: _____

Nominated by (must be association member) _____ Date: _____

Member Signature: _____

Please list any personal skills/ interests e.g. music, IT, media, admin, art, trade, other _____

Are there any projects that you would like to see happen in Stokers Siding?

In what way would you like to participate or be involved?

Association use:

Management Committee Member Signature: _____

Date of Committee Acceptance: _____

Receipt # _____ Date _____ Received by _____

Stokers Siding & District Community Association
PO Box 8039 Stokers Siding NSW 2484
Email: admin@stokerssiding.com.au Web: www.stokerssiding.com.au