



The S.H.I.F.T. Project
from disadvantage to empowerment

Application for Membership Of Association

I, _____
(full name of applicant)

of _____

(address) _____ New South Wales, Australia _____ Post code

Phone: _____ Mobile: _____

Email: _____

Occupation: _____

hereby apply to become a member of the above named Incorporated Association for the annual fee of **\$10.00**. Annual fee renewals are payable in July of each year. In the event of my admission as a member, I agree to maintain good standing in the community and be bound by the rules of the Association.

Signature of applicant

Fee Paid _____ Date _____

Please deposit funds to: The SHIFT Project Inc. Byron,
Bank: NAB bsb: 082 489 account: 733359512. **NB** Write your name in description field.

Membership will be active after funds received.

I, _____
(full name of nominator who is a current member of the Association) nominate the applicant, who is known to me, for membership of this Association.

Signed: _____ Date: _____

Thank You! Your application will be ratified by the board at the next meeting.

Membership Form V6 May 2018