



MEMBERSHIP FORM

1) Name of Association:

2) **Address**

(a) Headquarters:

(b) Branch(es):

3) Telephone: E-mail:

4) Nature of Activities: *(Please tick as appropriate)*

Cultural **Regional** **Professional** **Student** **Sports** **State Based**

5) No of Regular / Active members: *(Please attach list of members and contacts)*

6) **Affiliated Groups/Organisations**

(a)

(b)

(c)

(d)

7) **Patron/ Referee**

Name:

Address:

Telephone:

E-mail:

8) **Name(s) of Delegates**

(1) Name Tel Email

(2) Name Tel Email

9) **Name(s) of Alternate Delegates**

(1) Name Tel Email

(2) Name Tel Email

10) **Authorised Signatories**

(a) Name: (b) Name:

Position: Position:

Signature Signature:

Date Date: