



Ballarat Neighbourhood Centre Inc. APPLICATION FOR MEMBERSHIP

Calendar Year of Membership:

Name:.....

Previous Names:

Address:

Suburb/Town: Post Code

Phone: Mobile:

Email:

Date of Birth:/...../.....

I, wish to become a member of the Ballarat Neighbourhood Centre Inc. and I agree to be bound by the rules of the Associations.

Signature:.....

Date:

Committee Approved: Date:

Chairperson: Signature:

OFFICE USE ONLY	
Membership Start Date: ____/____/____	Years of Membership: ____