



Ballarat Neighbourhood Centre Inc
Wadawurrung Country
11 Tuppen Drive, Sebastopol
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2025

Ballarat Neighbourhood Centre Inc. APPLICATION FOR 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
Association.

Signature:.....

Date:

Committee Approved: Date:

Chairperson: Signature:

OFFICE USE ONLY

Membership Start Date: ____/____/____ Years of Membership: ____