

Tuggeranong Community Arts Association Inc

Application for Membership

I, _____

(Full name of applicant)

Of _____

(Address)

(Occupation)

Hereby apply to become a Member of the Tuggeranong Community Arts Association Incorporated. In the event of my admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

(Signature of applicant)

Dated ____/____/____

I, _____

(Full name of proposer)

A member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

(Signature of proposer)

Dated ____/____/____

I, _____

(Full name of seconder)

A member of the Association, second the applicant, who is personally known to me, for membership of the Association.

(Signature of seconder)

Dated ____/____/____

Completed applications can be returned to:

Email: info@tuggeranongarts.com

Post: PO Box 1143
Tuggeranong ACT 2901

Person: 137 Reed Street
Greenway ACT 2901