

National Council of Women ACT Inc.

MEMBERSHIP APPLICATION

I,
(full name of applicant)

of
(address)

.....apply to become
(occupation)

a member of the National Council of Women ACT Inc. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

.....
(Signature of applicant)

Date

I,
(full name)

a member of the association, nominate the applicant, who is personally known to me, for the membership of the association.

.....
(Signature of proposer)

Date

I,
(full name)

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

.....
(Signature of seconder)

Date