**Save Strathallan Open Space Community Coalition Inc.**

100 MAIN DRIVE BUNDOORA, VIC 3083

Contact Person:

Phone Number:

Email:

ABN

**APPLICATION for MEMBERSHIP**

**Application Registration No:(Use next number from Register)**

**Date Lodged:**

**I apply for membership of Save Strathallan Open Space**

**Community Coalition Inc. under the following category –**

**FULL INDIVIDUAL MEMBER\***

**FULL CORPORATE MEMBER\***

**ASSOCIATE MEMBER**

\*Membership category includes voting rights at AGMs and SGMs for a financial member.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\*\*:**

\*\*Emails addresses supplied will be placed on the Association’s mailout list and sent updates/ Newsletters when they are issued.

**I support the purposes of the Association and agree to comply with its Rules.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Internal Use Only:

**Full Member Subscription Paid: / / (Refunded if applicable: / / )**

**Receipt/Reference No.:**

**Application Confirmed / Deferred / Repealed by Committee of Management: / /**

**Confirmed Application noted in Membership Register; / /**

**SSOSCC Inc. Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**