



Mullumbimby & District Neighbourhood Centre

Connecting the Byron Shire Community

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INCLUSIVE COMMUNITY, STRONG COMMUNITY

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

I wish to apply for membership of the Mullumbimby & District Neighbourhood Centre Inc and agree to support the objects of the service and to abide by the Rules and Regulations as set down in its Constitution and will actively work to promote the organisation within the community and to achieve its goals.

Name: _____ Occupation: _____

Address: _____

Email: _____ Phone: _____

_____/_____/_____

Signature

Date

In the event of my admission as a member, I agree to be bound by the constitution of the association. I understand that a **\$5.00 membership fee** is payable upon acceptance.

I, _____ Nominate applicant for membership of the association

Signature of Proposer: _____ Date: ____/____/_____

I, _____ Nominate applicant for membership of the association

Signature of Seconder: _____ Date: ____/____/_____

Renewals of annual Memberships are payable at the end of each financial year and a reminder notice will be sent out

NOTE: All applications for membership must be approved by the Mullumbimby & District Neighbourhood Centre Inc Management Committee.

Please send your application to: The President MDNC – 55 Dalley Street Mullumbimby

Office Use Only

Receipt Number: _____ Date: _____ Financial to: _____

Receiving Officer: _____ Management Committee: approved Yes / No

Approved by Committee Signatures: _____