

Deaf Association NT

Shop 14 Casuarina Plaza, 258 Trower Road, Casuarina NT 0810
Phone: +61 8 8945 2016 Fax: +61 8 8945 1880 Email: deafnt@bigpond.net.au

Application for Admission to Membership

I the undersigned, hereby apply for admission as a member of the Deaf Association NT.

I declare that I satisfy the membership criteria as follows:

A person who is nominated and approved for membership as provided in these rules is eligible to be a member of the Association on payment of the annual subscription prescribed in, or fixed under, these rules.

A person who is not a member of the Association at the time of the incorporation of the Association shall not be admitted to membership:

- i. Unless they are nominated as provided in sub-rule © of rule 5; and*
- ii. The committee approves their admission as a member.*

Name

Address

Mailing Address

Occupation

Sex Date of Birth

Home Phone Work

Mobile Email

Membership Class	Entrance Fee	Annual Subscription
<input type="checkbox"/> Incorporate Details:	\$0	\$25
<input type="checkbox"/> Ordinary Details:	\$0	\$15
<input type="checkbox"/> Ordinary pension Details:	\$0	\$5

If my application is accepted, I agreed to abide by the Rules of the Association.

Signature of applicant: Date:

Nominators:

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

Signature of proposer: Date:

I,, 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:

Date of the Committee Meeting that will consider the application?

Please give this application to the Public Officer.

Application: Accepted Rejected

Comments: