



Membership Eligibility Application Form

Full Name	
Date of Birth	
Residential Address	
Postal Address	
Phone Numbers	Home: ----- Mobile: -----
Email	

Membership Criteria:

- 10.1.a Membership must be approved by the executive committee and has to be accessed within the membership eligibility criteria in place. These criteria are as follows
- 10.1.a.i There is no conflict of interest for any reason with another similar organisation
- 10.1.a.ii The purpose of joining the association
- 10.1.a.iii Any adverse effect on your input on any other organisation
- 10.1.a.iv Character reference will be required
- 10.1.a.v After the membership has been approved and during the course of holding the membership, if any of the above sub-clauses stated in clause 10.1.a is breached, then membership will automatically be lapsed.

Signature of Applicant: ----- Date of Application: -----

Your purpose of joining the Association:

Office Use Only

Proposed by: ----- Signature of Proposer: -----

Seconded by: ----- Signature of Seconder: -----

Executive Committee Approval:

President/Vice President: ----- Signature of President: -----

Secretary: ----- Signature of Secretary: -----

Date: -----