# Application for membership of Sutton Landcare Group

(Incorporated under the Associations Incorporation Act, 1984)

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| --- | --- |
| Full name of applicant | *I,* |
| Email |  |
| Phone |  |
| *Hereby apply to become a member of the above-mentioned association. In the event of my admission 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 of member) |  |
| *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 of member) |  |
| *A member of the association, nominate the applicant, who is personally known to me, for the membership of the association.* | |
| Signature of seconder |  |
| Date |  |