



### APPLICATION FOR MEMBERSHIP

I wish to apply for membership of the Berkeley Vale Neighbourhood Centre Incorporated. I agree to support the objects of the organisation, 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: .....

Address: .....

.....

.....

Signature

Date

**NOTE: All applications for membership must be approved by the Berkeley Vale Neighbourhood Centre Incorporated Board of Governance.**

Please send your application to:

**The President  
Berkeley Vale Neighbourhood Centre Inc.  
PO Box 5145  
Chittaway Bay 2261**

**Sponsored by:..... (current member).**

**Approved / Not approved (circle one)** by the Berkeley Vale Neighbourhood Centre Incorporated Board of Governance at the **meeting held on .....** **(date meeting held).**

**If not approved, reason/s why:**

.....

**Signature of Board Executive: .....**

**Position: ..... Date: .....**

**Please Complete on Both Sides**



## MEMBERSHIP

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email address: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Community Garden          | <input type="checkbox"/> Grandparent Support Group |
| <input type="checkbox"/> Hand & Foot Bolivia Cards | <input type="checkbox"/> Indoor Carpet Bowls       |
| <input type="checkbox"/> Mahjong                   | <input type="checkbox"/> Self Esteem Team          |
| <input type="checkbox"/> Walking for Pleasure      | <input type="checkbox"/> Other _____               |

I hereby apply to become a member of Berkeley Vale Neighbourhood Centre Inc. and the abovementioned group/s (tick the group or groups you wish to attend).

I understand my membership entitles me to vote at the Organisation's AGM as well as other meetings called.

I agree to pay the annual membership fee of \$2.20 for the period of 1<sup>st</sup> January to 31<sup>st</sup> December of the current year.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### **BVNC Inc Office use**

Date Received \_\_\_\_\_

Receipt # issued \_\_\_\_\_

***Please Complete on Both Sides***