

Mt Roland Preservation Society Inc. Membership Application Form

NAME/GROUP:		
ADDRESS:		
	STATE:	POSTCODE:
POSTAL ADDRESS (if different from above):		
	STATE:	POSTCODE:
EMAIL:		
PHONE 1:	PHONE 2:	
INDIVIDUAL MEMBER \$10.00	GROUP MEMBERSHIP \$10.00	
GROUP MEMBERSHIP NOMINEE NAME:		
DONATION: \$		
Would you like to be on our email/ mailing list and receive regular updates from MRPS? YES / NO		
Are you willing to help with any special events we may hold? YES / NO		
Do you have any special skills/facilities/equipment you may wish to contribute to our cause?		
<p>I hereby apply for membership of the Mt Roland Preservation Society Inc. If accepted as a member I agree to have read and be bound by the Association's Constitution including all Appendices (as amended from time to time).</p> <p>Signature of Applicant: _____</p> <p>If applicant under 18yrs: Name of Guardian (print): _____ Signature: _____</p> <p>Nominated by current member: Name (print): _____ Signature: _____</p> <p>Seconded by current member: Name (print): _____ Signature: _____</p>		
For Administrative Use Only		
Date received by Public Officer: ___/___/_____		
Membership Accepted/Rejected by the Committee: ___/___/_____		
Prospective Member notified on: ___/___/_____		
Date added to Membership Register: ___/___/_____		