



# The Three Sisters Social Group Incorporated

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## APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_ (Please print full name of applicant)

of \_\_\_\_\_ (Street address)

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Pension Number (if applicable): CRN: \_\_\_\_\_

\_\_\_\_\_ (Mailing Address if Different from above)

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

I hereby apply to become a member of the THREE SISTERS SOCIAL GROUP INCORPORATED.  
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: \_\_\_\_\_

### **Proposer:**

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

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

### **Secunder:**

I, \_\_\_\_\_ a member of the Association second the  
applicant, who is personally known to me, for membership of the Association.

Signature of Secunder: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(for office use only)

Date received: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_