



The Three Sisters Social Group Incorporated

P.O. Box 7074, Leura, NSW, 2780

E: info@threesisterssocial.asn.au

W: www.threesisterssocial.asn.au

APPLICATION FOR MEMBERSHIP

I, _____ *(Please print full name of applicant)*

of _____ *(Street address)*

Suburb: _____ Post Code: _____

Phone: _____

Email: _____

Pension Number (if applicable): CRN: _____

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: _____

(for office use only)

Date approved: _____ Membership Number: _____