



Application for Membership of the
Association
Ballan & District Soldiers Memorial Bush
Nursing Hospital & Hostel Inc.

I, _____, of
(Name)

_____, Phone: _____
(Mailing Address)

_____, Mobile: _____
(Email Address)

Desire to become a member of the above "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.

Subscription Fee \$5.00 (Copy of receipt is required to be attached to application)

NB: Rules of Membership

3.4 Any person who applies for membership and pays the prescribed subscription shall become a Member two months from the date of such payment provided however that the Board shall have discretion to refuse such application and return the subscription paid within one month of the date of the membership application.

(Signature of Applicant) Date: ____/____/____

(Signature of Board Chair) Date: ____/____/____

Applicant Admission Date: ____/____/____