



Naradell Inc

ABN 77 114 252 901

info@naradell.org.au
PO Box 8033
Maroochydore Qld 4558

Membership Application

Title: Last Name:

First Name: Preferred Name:.....

Residential Address:

Town/Suburb:..... State:Postcode:

Postal Address:.....
(Complete only if different from Residential Address)

Town/Suburb:..... State:Postcode:

Email: Phone:

Preferred contact method (please circle one): Email / Text / Phone / Post

Type of Membership being applied for: Ordinary Member (full voting rights)
Member Fee: \$10.00 pa

Associate Member (no voting rights)
Member Fee: \$5.00 pa

Payment may be made by cash or direct deposit to: Bendigo Bank
BSB: 633 000
Account No: 1636 29520

Note: Member fees are due and payable on the date of joining and on each renewal date.

Additional Information *(please note this is optional)*:

Do you have any work experience, skills or hobbies that you may be able to bring to the group to assist in its development and growth?

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I support the purposes and agree to be bound by the Rules of the Association.
[Note: A copy of the Rules can be emailed upon request or viewed at any General Meeting. Other arrangements for a copy or viewing can be made by contacting a Committee member.]

Signed: Date: