## **ILLAWARRA ADVOCACY INC**

## APPLICATION FOR MEMBERSHIP OF ASSOCIATION

I,(full name of applicant)
of
, hereby apply to become a
(Occupation) member of the above mentioned incorporated association.
Signature of applicant
Date/
I,
nominate the applicant for membership of the association.
Signature of proposer
Date//
I,
second the nomination of the applicant for membership of the association.
Signature of seconder
Date/