



## APPLICATION/RENEWAL FOR MEMBERSHIP

Application for Membership Renewal

Name:
Address:
Post Code:
Phone:
Mobile:
Email:

NEW MEMBER

*All new members are asked to return completed form and payment before 30th June 2009*

I,.....  
wish to become a member for the year 2009 / 2010 with FLINTWOOD Disability Services Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_  
Name Signature

Seconded by: \_\_\_\_\_  
Name Signature

(Can be completed at Management Committee Meeting)

EXISTING MEMBER

All current members are asked to return completed form and payment before 30 June 2009

I,.....  
wish to renew my membership for the year 2009 / 2010 with FLINTWOOD Disability Services Inc.  
Enclosed is my membership fee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- [ ] - Full Membership \$11.00 inclusive of GST
- [ ] - Associate Membership \$ 5.50 inclusive of GST

OFFICE USE ONLY  
Approved Date:

Receipt Number: