

LOGANLEA COMMUNITY ASSN Inc

MEMBERSHIP APPLICATION FORM

FAMILY/INDIVIDUAL/ORGANISATION

PO Box 588, Marsden, Q4132
28-32 Timms St, Loganlea.

APPLICANT'S DETAILS

Mr / Mrs / Ms / Miss / Dr

GIVEN NAME

SURNAME

ADDRESS

Postcode

CONTACT DETAILS

Phone

AGE GROUP:

Mobile

18-24 25-34 35-50 50+

Email

ORGANISATION DETAILS (if applicable)

NOMINATION (Proposer and Seconder must be current financial members of Loganlea Community Assn Inc.).

Signature of Proposer _____ Print name

Signature of Seconder _____ Print name

FEES p.a. (Please circle one) : **\$3.00 - Individual** : **\$5.00 - Family** : **\$10.00 - Organisation**

APPLICANT'S DECLARATION

I hereby apply for membership in the following Category of membership (tick one) in accordance with the Constitution of the Loganlea Community Assn Inc.

Ordinary Associate Ex-Officio Elected Government Rep

I agree to abide by the Constitution and by-laws of Loganlea Community Assn Inc.

Signed by the Applicant _____

DATE: / /

OFFICE USE: MANAGEMENT COMMITTEE DECISION: **APPROVED** **DECLINED** Date: / /