



APPLICATION FOR MEMBERSHIP OF ELLIMATTA YOUTH INC.

Date: _____

I _____ (Name)

Of _____ (Address)

Email:..... Phone:.....

Email is my preferred method of contact (please tick)

Desire to become a member of Ellimatta Youth Inc. as a:

(please tick membership type)

Membership classes	FEE
<input type="checkbox"/> Junior member (under 15)	\$5
<input type="checkbox"/> Full member (15 years and over)	\$10
<input type="checkbox"/> Family member (most popular)	\$20
<input type="checkbox"/> Friend of Ellimatta Youth Inc.	Donation

Name of people for my Family Membership:

Members please note:

Junior membership and friends of Ellimatta Youth Inc. memberships do not carry voting rights

Each adult membership has one vote.

Committee positions are available only to full members 18 years and over.

In the event of my acceptance as a member, I agree to the Rules of the Association (available at our website)

Your membership can be renewed each year after 1st July 2017. We will send you a reminder.

Signature of Applicant:

DATE:.....