



## APPLICATION FOR MEMBERSHIP

I, \_\_\_\_\_  
(Full name of Applicant)

Of \_\_\_\_\_  
(Full Address for all correspondence)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Hereby apply to become a (please tick)

Full Member       Associate Member       Junior Member

of the NSW Aboriginal Education Consultative Group Incorporated (NSW AECG Inc). In the event of my admission as a member, I agree to be bound by the current Rules of the Association.

\_\_\_\_\_  
Signature of Applicant      Date      /      /20

I, \_\_\_\_\_  
(Full name of Proposer)

being a Full Financial Member of the Association, nominate the Applicant, who is personally known to me, for Membership of the Association.

\_\_\_\_\_  
Signature of Proposer      Date      /      /20

I, \_\_\_\_\_  
(Full name of Seconder)

being a Full Financial Member of the Association, second the nomination of the Applicant, who is personally known to me, for Membership of the Association.

\_\_\_\_\_  
Signature of Seconder      Date      /      /20

Office Use Only		
Regional AECG Sighted	_____	/ /20
	Signature of President/ Secretary	Date
Forwarded to Secretariat	Fax^ Post^	/ /20 Date
* Delete as appropriate	^ Circle as appropriate	