

*Yungaburra
Business Association Inc.*



APPLICATION FOR MEMBERSHIP

Surname: _____ **GivenName(s):** _____

Business Name: _____

Type of Business: _____ **ABN:** _____

Postal Address: _____

Business Address: _____

Residential Address: _____

Work Phone: _____ **Home Phone:** _____

Facsimile: _____ **Email:** _____

People who will also be part of this membership application (eg. Partner, Spouse)

I/we hereby apply to become a member(s) of the *Yungaburra Business Association Incorporated*.
In the event of my/our admission as a member(s) of the Association, I/we agree to be bound by the rules for the duration of my/our membership.

The executive will notify you after you have been accepted.

Signature: _____ **Name:** _____

Signature: _____ **Name:** _____

Nominators - if new member

I _____ (a member of the *Yungaburra Business Association Inc.*) Nominate the above applicant(s), known personally to me, for membership to the association.

Signature of Nominator _____ Date: _____

I _____ (a member of the *Yungaburra Business Association Inc.*) second the applicant(s), known personally to me, for membership to the Association.

Signature of Seconder: _____ Date: _____

Office Use Only:

Membership Paid ____/____/____

\$____.00

Receipt Number: _____