



APPLICATION FOR NEW MEMBERSHIP

I, _____
(Full name of Applicant)

Of _____
(Full Address for all correspondence)

Email: _____

Phone: _____ Mobile: _____

Hereby apply to become a (please tick)

Full Member (Aboriginal/Torres Strait Islander) Associate 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, Charmaine Tully
(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, Kerrie Bigland
(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		