

APPENDIX 1
(Rule 3(1)(a))

APPLICATION FOR MEMBERSHIP OF CADS

CADS (Crookwell Amateur Dramatic Society) Incorporated
(Incorporated under the Associations Incorporation Act 1984)

I, _____
Full name of applicant

Of _____
Address

Occupation **Ph/Mob**

Email

Hereby apply to become a member of the above named incorporated association. In the event of my admission, I agree to be bound by the rules of the association for the time being in force.

Signature **Date**

I, _____ (full name)
Being a member of CADS, **nominate** the applicant, who is personally known to me, for membership to CADS.

Signature of Nominator **Date**

I, _____ (full name)
Being a member of CADS, **second the nomination** of the applicant, who is personally known to me, for membership to CADS.

Signature of Seconder **Date**

CADS use only	Fee: \$5.00	Membership number:
Membership accepted (President)	<input type="checkbox"/>	Signature _____ Date _____
Membership declined (President)	<input type="checkbox"/>	Reason _____
		Signature _____ Date _____