

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



**APPLICATION FOR MEMBERSHIP OF CADS**

CADS (Crookwell Amateur Dramatic Society) Incorporated  
(Incorporated under the Associations Incorporation Act 1984)  
Membership term: 1<sup>st</sup> July – 30<sup>th</sup> June

I, \_\_\_\_\_  
**Full name of applicant**

Of \_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Occupation** **Contact number**

\_\_\_\_\_  
**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**

**Working With Children Check**

*If your membership with CADS will include working with children (under 18 years of age) in any capacity, you must have a current Working with Children Check. Please ensure you have included your first name, middle name and last name above and the details below for verification purposes.*

\_\_\_\_\_  
**Working With Children Check Number** **Date of Birth**

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**

**Membership number:**

Membership accepted (President)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Membership declined (President)

Reason: \_\_\_\_\_

Pay \$5.00 membership fee online:

Account Name: Crookwell Amateur Dramatic Society Inc

BSB: 062 530 Account Number: 10037187 Reference: Your name

**Let us know your skills, interests, and reason for joining CADS on the opposite side of this page.**