



95 Glen Osmond Road,
Eastwood SA 5063
Phone 08 8373 2225
Email: eastwood@eastwood.asn.au

APPLICATION FOR MEMBERSHIP

I _____
(Full Name)

of _____
(Address)

apply to become a member of Eastwood Community Centre Inc and support the objects of the association and agree to be bound by its rules.

Signed _____ Date _____

Mobile Phone: _____ Email: _____

Current Involvement at the Centre: _____

Nominated by _____
(Member's Full Name)

of _____
(Address)

Signed _____ Date _____

Mobile Phone: _____ Email: _____

Application approved: Yes/ No

Board Meeting Date: _____

Signature of Chair or Presiding Officer: _____

Applicant notified date: _____ Notified by: email / phone