



Glenroy
Neighbourhood
Learning Centre

**Application for Membership of
Glenroy Neighbourhood Learning Centre Inc.**

I, _____

(Full name in BLOCK LETTERS)

Address _____

_____ (BLOCK LETTERS)

Email: _____

Mobile: _____

Wish to become a member at Glenroy Neighbourhood Learning Centre Inc.

I am committed to the aims of Glenroy Neighbourhood Learning Centre Inc.

If I am admitted as a member, I agree to be bound by the Rules of the Association. I agree to have my name and address made available for inspection by other members as outlined in Clause 6.

Date _____

Signature of Applicant _____

I _____ (full name in BLOCK LETTERS) A member of
Glenroy Neighbourhood Learning Centre Inc, nominate the applicant who is personally known to me for
membership of the Association

Date _____ Signature of Proposer _____