APPLICATION FOR MEMBERSHIP OF ASSOCIATION

SOUTH COAST PIGEON FEDERATION IN	icorporated (incorporated under the Associations incorporation Act 198	54)
l,	(full name of applicant) of	
	(address)	
	hereby (occupation) apply to become	
member of the above-named incorpora	ated association. In the event of my admission as a member, I agree to	be
bound by the rules of the association for	or the time being in force.	
Signature of applicant	Date	
l,	a member of the association, (full name) nominate the appl	icant,
who is personally known to me, for me	mbership of the association.	
Signature of proposer		
signature of proposer	Date	
l,	a member of the association, (full name) second the nomina	ation of
the applicant, who is personally known	to me, for membership of the association.	
Signature of seconder	Date	