

APPENDIX 1

(Rule 3 (1))

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

NORTH WEST DISABILITY SERVICES INCORPORATED
(incorporated under the [Associations Incorporation Act 1984](#))

I, _____ of
(Full Name of applicant)

(Address)

(Occupation)

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

.....
Signature of applicant

.....
Date

I, _____ a member of the
(Full Name)

association, nominate the applicant, who is personally known to me, for membership of the association.

.....
Signature of proposer

.....
Date

I, _____ a member of the
(Full Name)

association, second the nomination of the applicant, who is personally known to me, for membership of the association.

.....
Signature of seconder

.....
Date