**Appendix A: Application for Membership**

3 Tobin Drive, PO Box 30, Queenscliff3225

Phone: 5258 3367

email: qnhouse@fastmail.fm

# Queenscliffe and District Neighbourhood House Application for Membership

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of wish to become a member of Queenscliffe and District Neighbourhood House (QNH).

I support the purposes of (QNH) and agree to comply with its Rules.

Signed:                                                              Date:

|  |  |
| --- | --- |
| Address  |   |
| Email address  |   |
| Phone number  |   |

*For internal use only* ---------------------------------------------------------------------------------------------------------------

|  |
| --- |
| The Committee of QNH  * Accepts
* Rejects

The above application for membership  |
| Date  |   |
| Recorded in CoM minutes  |   |
| Welcome letter sent  |   |