

FRANS Inc

Making things happen for people with disabilities



MEMBERSHIP FAMILY RESOURCE AND NETWORK SUPPORT INC.

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

I, _____
(First Last Name)

Of, _____
(Address including postcode) (Occupation)

Hereby apply to be a member of the above named Incorporated Association in accordance with Rule 3(1) of the Articles of 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 _____

If you don not know of a member to nominate you, this will be arranged on your behalf.

I, _____
(First Last Name)

A member of the association, nominate the applicant for membership of the association.

Signature of Proposer _____ Date _____

I, _____
(First Last Name)

A member of the association, second the nomination of the applicant for membership of the association.

Date accepted by committee _____ Receipt Number _____

INITIAL JOINING FEE \$5

ANNUAL FEE \$5