

ERMINGTON OUT OF HOURS SCHOOL CARE INCORPORATED  
ABN: 14 104 148 613



Ermington OOSH

**APPLICATION FOR /RENEWAL OF MEMBERSHIP**  
**for the period to 31st May, 2018**

I wish to

Renew my membership of the Ermington Out of Hours School Care Incorporated [*provide your name below pay \$2 but do not to fill in form*]

.....

Apply for membership of Ermington Out of Hours School Care Incorporated [*fill in the form below*]

I .....	
(full name of applicant including title – Mr, Ms, Mrs, etc)	
of .....	
.....	
agree to be bound by the Constitution of Ermington Out of Hours School Care Incorporated and apply to become a member of the Incorporated committee.	
My email address is.....	
My telephone number is (w).....(h).....	
Signature of Applicant:	Date:
I.....	
<u>Nominate</u> the applicant, who is known to me, for membership of the Incorporated.	
Signature of proposer:	Date:
I.....	
<u>Second</u> the nomination of the applicant, who is known to me, for membership of the Incorporated.	
Signature of seconder:	Date:

**INSTRUCTIONS**

You need a proposer and seconder for membership (if you do not know two current members see the Centre Director). You will also need to pay a membership fee of \$2.00 for each calendar year or part year of membership.

Please place your completed membership form and fees and submit to the office to be collection by the Secretary.