

Holden Street Neighbourhood House Inc



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APPLICATION FOR MEMBERSHIP

I, _____
Full name of applicant

Of _____ (Street)

_____ (Suburb) _____ (Postcode)

Phone Numbers _____ (home) _____ (work)

_____ (mobile)

Email _____

wish to apply for membership of Holden Street Neighbourhood House Inc

As a member of the Association I understand and support the purpose of the service and will comply with the rules

Statement of purpose Yes

Code of ethics Yes

signature of applicant

date

signature of Manager/Committee of Management Member