



Appendix 1

(Clause 5 (1))

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Sydney Estonian Parents' and Friend' Association (V) Incorporated (incorporated under the Associations Incorporation Act 2009)

I,
(full name of applicant)

of

.....;
(address)

hereby apply to become a member of the above-named incorporated association. I am aged sixteen (16) years or above and I am of Estonian heritage / have an interest in Estonian culture, language, customs, traditions and community (delete whichever is not applicable). In the event of my admission as a member, I agree to be bound by the constitution for the time being in force.

My email address is

My telephone contact numbers are

My Occupation is

I can contribute to the association in the following areas.....
(you do not need to fill out this field)

.....
Signature of applicant and date



I,a member of the association,
(full name)
nominate the applicant, who is personally known to me, for membership of the association in accordance with its Constitution.

.....
Signature of proposer and date

I,a member of the association,
(full name)
second the nomination of the applicant, who is personally known to me, for membership of the association.

.....
Signature of seconder and date