



[Incorporated under the Associations Incorporation Act 1984]

## APPLICATION FOR MEMBERSHIP

### Applicant Details

Title	Mr	Mrs	Ms	Miss	Dr
First Name					
Surname					
Position / Title					
Company					
Address					
Suburb		State		Postcode	
E-mail					
Phone		Mobile			
Qualifications					

I hereby apply to become a member of the **Workplace Safety Network**. In the event of admission as a member, I agree to be bound by the rules of the association at all times. I also acknowledge that I have been provided with, and have read, the WSN Charter and agree to be bound by the Charter.

.....  
Signature of Applicant

.....  
Date

### Applicant Support Data

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### Supporting Nomination

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

.....  
Signature of Proposal

.....  
Date

#### NOTE:

- New member fee of \$50.00 plus annual membership fee of \$55.00 is payable within 30 days of acceptance.
- Membership is granted on receipt of membership fee.
- Annual membership fee is due by 31<sup>st</sup> January each year.

### Membership Acceptance (Office use only)

[ ] Approved      [ ] Not Approved      Date: .....

Chairperson: .....      Treasurer:.....