

# APPLICATION FOR MEMBERSHIP of NSW Users and AIDS Association

Name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Email: \_\_\_\_\_

NSW USERS AND AIDS ASSOCIATION (NUAA) Incorporated (*incorporated under the Associations Incorporation Act 2009*)

I, \_\_\_\_\_ [full name of applicant]

of \_\_\_\_\_ [address]

\_\_\_\_\_ ,

a \_\_\_\_\_, [occupation]

hereby apply to become a member of the abovenamed incorporated association.

In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

Signature

of applicant: \_\_\_\_\_ Date: \_\_ / \_\_ / 20\_\_

I, \_\_\_\_\_ [full name]

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

Signature

of proposer: \_\_\_\_\_ Date: \_\_ / \_\_ / 20\_\_

I, \_\_\_\_\_ [full name]

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

Signature

of seconder: \_\_\_\_\_ Date: \_\_ / \_\_ / 20\_\_

**PLEASE NOTE: If you do not know any other NUAA members simply tick this box and two members of the NUAA Board will nominate you for membership:**