

ARARAT NEIGHBOURHOOD HOUSE INC.

PO Box 49, Ararat, 3377 56 Campbell St, Ararat

Email: reception@araratnh.com

Web: www.araratneighbourhoodhouse.com.au

P: 5352 1551 ABN: 78 941 184 276 Reg: A0007608D

Application for Membership of ARARAT NEIGHBOURHOOD HOUSE INC

First name:		Surname:			
Address:	_				
Town:					
Phone/s:					
Email:					
Occupation:					
l(name)		desire to become	e a member of Ararat Neighb	oourhood House.	
	of my admission as a od House for the time		be bound by the rules of Ara	arat	
Signature of	Applicant		Date		
(name)			arat Neighbourhood House, ship of Ararat Neighbourhoo		
Signature of	Proposer				
l,(<i>na</i> .	me)	, a member of Ar	arat Neighbourhood House,	second the	
nomination o Neighbourho		s personally known t	to me, for membership of Ar	arat	
Signature of	Seconder		Date		
	Date o	f entry into register		_	





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Application Continued

Salutation: □ Mr. □ Mrs. □ Miss □ Ms □ Dr □ Other (Please specify)
First Name
Last Name:
Email:
Address:
How did you hear about us?
Do you have any involvement in other community groups?
Do you have any handy skills you could help us out with?
Would you be interested in volunteering at ANH? (not essential) Yes / No
Approx. number of hours per week:





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MEMBER NO					
PAID TO 30 TH June					
2019	Date Paid	Receipt No			
2020	Date Paid	Receipt No			
2021	Date Paid	Receipt No			
2022	Date Paid	Receipt No			
2023	Date Paid	Receipt No			
2024	Date Paid	Receipt No			
2025	Date Paid	Receipt No			
2026	Date Paid	Receipt No			
2027	Date Paid	Receipt No			
2028	Date Paid	Receipt No			
2029	Date Paid	Receipt No			
2030	Date Paid	Receipt No			
2031	Date Paid	Receipt No			