



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: _____

I _____ desire to become a member of Ararat Neighbourhood House.
(name)

In the event of my admission as a member, I agree to be bound by the rules of Ararat Neighbourhood House for the time being in force.

Signature of Applicant

Date

I, _____, a member of Ararat Neighbourhood House, nominate the
(name)
applicant, who is personally known to me, for membership of Ararat Neighbourhood House.

Signature of Proposer

Date

I, _____, a member of Ararat Neighbourhood House, second the
(name)
nomination of the applicant, who is personally known to me, for membership of Ararat Neighbourhood House

Signature of Seconder

Date

Date of 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: