

# Membership Application



I hereby apply to become a member of Southlake Community Services Inc. I agree to be bound by the Constitution for the time being in force and agree to be updated with Southlake Community Services information via email communication.

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Full Name

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Postal Address

Postcode

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Email

Phone

---

Signature

Date

I nominate the applicant for membership of Southlake Community Services Inc

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Name

Date

---

Signature

I second the applicant's nomination for membership of Southlake Community Services Inc

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Name

Date

---

Signature

## OFFICE USE ONLY

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Payment received (signature)

Receipt Number Issued

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Card Issued (date)

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SOUTHLAKE COMMUNITY SERVICES INC.  
ABN 92 261 619 378  
T 02 4973 7000 F 02 4973 5388  
143 Dora Street Morisset, NSW 2264  
[www.southlakecommunityservices.org](http://www.southlakecommunityservices.org)

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