



**FLUORIDE
FREE WA Inc.**

MEMBERSHIP APPLICATION FORM

I, _____,
(Full Name)

of _____,
(Postal Address - required under the Associations Incorporation Act 2015) (Suburb)

_____ wish to apply to become a member of the above Association.
(State) (Post Code)

_____ (Contact Number – optional) _____ (Email)

- A cheque or money order for **\$15** is attached.
- A donation for _____ is attached (optional).
- If my application is accepted, I agree to be bound by the rules of the Association, which is available on the website.
- I would like to volunteer my time for campaigns and/or events, and give permission for FFWA to contact me.

Signature: _____ **Date:** ____/____/20____

Post the completed form with payment to:

Fluoride Free WA Inc.

PO Box 8009 Subiaco East WA 6008

Or scan and email to: treasurer@fluoridefreewa.org

Important information for applicants

- Your application will be considered at the next committee meeting.
- If accepted, you will be bound by the Rules of Association, and by the *Associations Incorporation Act 1987*. They are available on our website or upon request.
- The annual membership fee is \$15, due at the start of your membership, and on July 1 thereafter.
- If your application is accepted, your name and address, as provided above, **must** be recorded in a register of members and be made available to other members, upon request, under the *Associations Incorporation Act 2015*.
- The committee shall hold an Annual General Meeting (AGM), at which members may nominate themselves or others for committee positions, and vote on nominations, and on any other business arising at the meeting.

For Office Use only

Proposed:

Seconded:

Name _____

Name _____

Signed _____

Signed _____

Date ____/____/____

Date ____/____/____

Payment received: Y/N