



# Coffs Coast Community College Inc.

ABN: 21 004 738 403

Level 1, City Square, 66-90 Harbour Drive  
Coffs Harbour



## Appendix 1 Application for Membership of Association

(Clause 5 (1)) Coffs Coast Community College Incorporated  
(incorporated under the *Associations Incorporation Act 2009*)

I, .....

[full name of **applicant**]

of .....

[address]

.....

[email]

.....

[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

I, .....

[full name of **proposer**]

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

.....  
Signature of **proposer** Date

I, .....

[full name of **second**er]

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

.....  
Signature of **second**er Date:

Annual membership of \$5.50 paid on (date)..... receipt number .....