



Families in Partnership Cooperative Ltd

PO Box 279 Narellan NSW 2567 ABN 69434933177

This Application Form becomes a Tax Invoice
upon payment of membership Fee

Membership Application

Please circle appropriate response

Mr/Mrs/Ms Surname:

Given Names:

Membership Type: Family Member or Professional

If Professional please state organisation name:

Postal Address:

Phone Fax Mobile

E-mail

1) I hereby apply to be admitted as a member of the above named cooperative and in respect of such application I undertake to lodge, in accordance with the rules, the sum of **\$5.00 annually** as per accordance to the rules of the Cooperative to maintain my membership.

2) If this application be approved, I agree to pay all charges required by the Cooperative and to be bound by the rules of the cooperative and by any alterations thereof registered in accordance with the Cooperative Act 1992

3) I am over the age of eighteen (18) years

Dated thisday of 2007

Signature of Applicant

Signature of Witness

Name of Witness

Office Use only

Acceptance DateReceiptMembership Number