

SOUTH COAST PASTEL SOCIETY INC.

(INCORPORATED UNDER THE ASSOCIATIONS INCORPORATION ACT 2009)

ABN: 63545522062

Application for Membership

I	
(FULL NAME OF APPLICANT)	DATE OF BIRTH
OF	
	(ADDRESS)
OCCUPATIONF	PHONE NO
	o to date regarding Society business)
	r of the South Coast Pastel Society Inc. If my application is the rules of the Association. I have read and agree to
abide by the Society's Code of Con	
	Prize Prize Point
	phs of my activities within the Association which may be taken, such as newsletters, flyers, advertising etc. (please indicate)
	YES NO
	Date
	n, nominate the applicant for membership to the SCPS.
Signature of Proposer	Date
I	n, second the nomination for membership to the SCPS
-	
	Dute
Membership forms can be returne or email to southcoastpastelsociet	d to the <mark>Secretary PO Box 698, Batemans Bay NSW 2536</mark> y1@gmail.com
Current Membership Fees \$40 (ad Eurobodalla Shire area) to accomp <mark>Direct Deposit – Sth Coast Pastel S</mark> BSB 062650 A/C 00900923 Descr	Society Inc. Commonwealth Bank

Email: <a>southcoastpastelsociety1@gmail.com Web: <a>www.southcoastpastelsociety.com