



Application for Membership

Must be nominated by a current financial member

Name: _____

Address: _____

Postcode: _____

Home Phone: _____ Mobile Phone: _____

Email : _____

Nominated by Current Member:

Name: _____ Signature _____

Membership fees

- \$1 joining fee
- \$2 per annum **due 1 July each year**

- 1. By signing below I hereby apply to become a member of Wagga Wagga Meals on Wheels Inc.**
- 2. I agree to be bound by the rules of the Association and I agree to abide by the WWMOW code of conduct for members.**

Signature _____ Date _____

Your Application for membership will be submitted for approval at the next Management Committee meeting and you will be advised of the outcome as soon as possible afterwards.

Membership Approved _____ Date: _____

Signature of President