

	9-2020 Nomination for rabi Community Incorpo	•	pment Services	
* ALL APPL	ICANTS MUST BE REGISTE			TION *
I Mr/MS/Miss/Mrs	(Appl			of
	(Appl	licant's Full Name)		
	(Applic	ant's Address in full)		
Karabi Community &	uth Wales, hereby subr Development Service mmunity & Development	s Inc. – Form	•	
Postal Address:				
		erent from above)		
Contact No: Home:	Work:		Mobile:	
Email Address:				
MEMBERSHIP FEE: M	embership Associated Co	osts are \$1 10 i	nclusive of G.S.T.for 201	9-2020
DECLARATION:				0 2020
	newed my Nomination fo	r Membership F	orm and paid my memb	ership fees of
\$1.10 for 2019-2020	•	mber	• •	
 By signing this appl Association at all tir 	ication, I do solemnly ag nes.	ree to abide and	I uphold the Constitution	of the
Signature of Nominee			Date	
	C	Office use		
RECORDED MEMBERSHI	•	-		
	Signature		Date	
Approval to A	Accept Nomination for t	the Manageme	nt Committee of the As	sociation
I Mr/Ms/Mrs/Miss				_ propose
□ that the 'No	omination for Membershi	n of The Associ	ation' he APPROVED	
		•		
□ that the 'No	omination for Membershi	p of the Associ		
Signature o	f PROPOSER		Date	
I Mr/Ms/Mrs/Mis	SS			_ propose
that the 'No	omination for Membershi	p of The Associ	ation' be APPROVED	
	omination for Membershi	•		
Signature	of SECONDER		Date	