



MEMBERSHIP APPLICATION

MEMBER DETAILS

COMPANY NAME: _____

NOMINATED REPRESENTATIVE: _____

COMPANY ADDRESS: _____

COMPANY POSTAL ADDRESS: _____

PHONE: _____ MOBILE: _____ FAX: _____

EMAIL: _____

CLASS OF MEMBERSHIP:

Foundation Member

Signature: _____

Corporate Member

Name: _____

Executive Member

Business Member

Title _____

Associate Member

Affiliate Member

Date: _____

On receipt of this application you will be forwarded an invoice for your nominated class of membership. Members must be financial to have voting rights to elect the Board of Management at the Annual General Meeting.

On completion of this application, please forward to:

CEO - Committee 4 Wagga
PO Box 1250
Wagga Wagga NSW 2650

*Please turn over to nominate
up to 4 contacts from your
company.....*

Please complete up to 4 contacts from your company who will receive newsletters, invitations and updates from Committee 4 Wagga.

NAME: _____

POSITION: _____

EMAIL: _____ MOBILE: _____

NAME: _____

POSITION: _____

EMAIL: _____ MOBILE: _____

NAME: _____

POSITION: _____

EMAIL: _____ MOBILE: _____

NAME: _____

POSITION: _____

EMAIL: _____ MOBILE: _____