

APPLICANT/S: _____

Shack Site No: _____

Next Meeting date: _____

**APPLICATION
FOR ASSOCIATE MEMBERSHIP**

The South Punyelroo Progress Association Inc
PO Box 111
HOLDEN HILL SA 5088

THE SOUTH PUNYELROO PROGRESS ASSOCIATION INC

APPLICANT/S FOR ASSOCIATE MEMBERSHIP : FULL NAME/S

1. Surname: _____

Christian Names: _____

2. Surname: _____

Christian Names: _____

3. Surname: _____

Christian Names: _____

ADDRESS

(1) _____

(2) _____

(3) _____

CONTACT TELEPHONE NUMBERS

(1) _____ Daytime (2) _____ (3) _____

_____ After hours _____ _____

OCCUPATION/S

(1) _____ (2) _____ (3) _____

Joining fee to accompany the application \$2

Referees:-

Are you known to current members of the Association and would they be willing to provide a character reference for you? Or alternatively please provide two character references.

Current Member Name & shack site number _____

Alternative Character References

Name _____

Address _____

Contact Telephone Number/s _____

Name _____

Address _____

Contact Telephone Number/s _____

I/We confirm that I/we have been supplied with copies of the:
(Please tick each item you have received)

Constitution: _____

Rules & Regulations _____

WE CONFIRM THAT WE HAVE RECEIVED, READ AND UNDERSTOOD ALL THE DOCUMENTS SUPPLIED TO US AND IN THE EVENT THAT OUR APPLICATION FOR ASSOCIATE MEMBERSHIP IS ACCEPTED, WE AGREE TO ABIDE BY AND BE BOUND BY THE TERMS OF THE LEASE, CONSTITUTION, RULES AND REGULATIONS AND ZONING CONTROLS.

WE UNDERSTAND THAT THE EXECUTIVE MEMBERS OF THE ASSOCIATION WILL REQUIRE A PERSONAL INTERVIEW WITH US BEFORE APPROVAL AND CONSENT WOULD BE CONSIDERED.

Signed:

Applicant/s 1

Applicant/s 2

Applicant/s 3

