



AUSTRALIAN ANATOLIAN COMMUNITY SERVICES CO-OP LTD.

New Application for Membership **Membership Renewal**

(Applicant has to be of the age of (18) eighteen years and over to apply)

Last Name: _____ First Name: _____
Date of Birth: _____ Place Of Birth: _____
Home Address: _____
Home Phone: _____ Mobile: _____
Work: _____ Email: _____

I hereby apply to be admitted as a member OR renew my membership of the above-mentioned organisation: respect and comply with the rules that constitutes and governs the co-operative.

In respect of such application I lodge herewith in accordance with the rules the required sum, which depending on the application is as follows;

<input type="checkbox"/>	New Membership Applications:	\$11.00 total (\$5.50 application fee + \$5.50 annual subscription fee)
<input type="checkbox"/>	Annual Membership Renewal	\$5.50

If this application is approved and I agree to pay all charges required by the Co-op, A list of current charges is described above. I agree to be bound by the rules of the Co-Op and by any alterations there of registered in accordance with the above mentioned Act.

Dated This: _____ Day of Month: _____ Year: _____

Signature of Applicant: _____

Name of Witness: _____ Signature: _____

Address of Witness: _____ Mobile: _____

The undersigned authority accept the applicant as a new member on this date:

Management Committee Name: _____ Signature: _____

Signature _____