



Berri War Memorial  
Community Centre Inc.

## MEMBERSHIP APPLICATION FORM

Berri War Memorial Community Centre Incorporated  
PO Box 237  
BERRI SA  
Email: [admin@bwmcc.org.au](mailto:admin@bwmcc.org.au)  
Phone: 08 8582 3723

In accordance with the Rules of Association, clause 5.1 (a).

a. Ordinary Member.

Any person who is a resident, employee or business/property owner within the Berri District who supports the objects of the Centre and agrees to be bound by its rules and who applies for membership of the Centre, in writing, shall be proposed by one member and seconded by another member. Upon the acceptance of the application by the committee, the applicant shall be a member of the Centre.

I, \_\_\_\_\_

of \_\_\_\_\_

being an adult resident of the Berri Irrigation Area, make application for membership of the Berri War Memorial Community Centre Incorporated.

Email address: .....

Postal address: .....

Telephone number: .....

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signed \_\_\_\_\_

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1<sup>st</sup> Member Proposed (Name): .....

2<sup>nd</sup> Member Proposed (Name): .....

Accepted by the Committee: Yes / No

Date of Meeting: ..... / ..... / .....

*(Note in minutes)*

**MEMBERSHIP IS FREE**