

Organisation Member Application Form



Ngarrindjeri
Regional Authority

The

(Name of Organisation)

Of

(Registered Address)

hereby applies to become a member of the Ngarrindjeri Regional Authority Inc.
I certify that the organisation complies with all criteria for membership referred
to in Clause 9 of the Rule.

The following person is appointed as our representative on the
Committee of the Association:

Name

Address

Phone

Email

I certify that I am authorised to make this application for membership of
the Ngarrindjeri Regional Authority Inc for and on behalf of the
Organisation.

The Organisation agrees to comply with the rules of the Ngarrindjeri
Regional Authority Inc. and the Act.

Signed

Chairperson

Date