

Associate Member Application Form



Ngarrindjeri
Regional Authority

I
(Full Name)

Of

(Address)

hereby apply to become an Associate member of the Ngarrindjeri Regional Authority Inc.

I certify that I am eligible to become a member of the Ngarrindjeri Regional Authority Inc., save for the fact that I am under fifteen (15) years of age.

I agree to abide by all rules of the Ngarrindjeri Regional Authority Inc. and the Act.

Signed

Date

Contact Information

Name

Date of birth

Address

Phone

Email