



PO Box 373 Zillmere Qld 4034
 Telephone 07 3865 2880 Fax 07 3865 4077
 e-mail enquiries@necsg.org.au

Membership application / renewal form

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Contact number: _____

E-mail: _____

Organisation (if applicable): _____

Membership Fee \$5.00

I hereby apply for (renewal of) membership of North East Community Support Group Inc. and agree to abide by the rules of incorporation.

Signed: _____ Date: / /

Nominated by: Name _____

(Not required for renewal, must be a financial member for application)

Signed: _____ Date: / /

Seconded by: Name _____

(Not required for renewal, must be a financial member for application)

Signed: _____ Date: / /

Office use only:

Membership Number: _____

Approved by Management Committee (if new) Date: / /

Register updated

card issued

