

ASSOCIATION MEMBERSHIP FORM

Join
today...
it's
FREE!



Becoming a member is a great way to stay in touch with Youth Solutions' events, achievements and community activities!

To apply:

- ✓ **Complete this application form**
- ✓ **Return it to Youth Solutions**

Phone: 02 4628 2319

Email: info@youthsolutions.com.au

Post: PO Box 112, Macarthur Square NSW 2560

Macarthur Drug & Alcohol Services Committee Incorporated
Trading as: Youth Solutions

ASSOCIATION MEMBERSHIP APPLICATION FORM

Applicant information

First name			
Surname			
Residential address	Suburb		Postcode
Nominated postal address	<input type="checkbox"/> Same as residential address		
	Suburb		Postcode
Email			
Mobile			
Phone			

Register of members

Youth Solutions is required by the *NSW Department of Fair Trading* to keep a register of members. The register includes your name, postal address and the date you joined the Association.

Signature

By signing this form, I understand that I am applying to become a member of Macarthur Drug and Alcohol Services Committee Incorporated, and I agree to abide by the rules of the Association.

Signature		Date	
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Nominated by

Please note: your application must be nominated and seconded by an existing Association member.

Nominated by	Full name		
	Signature		Date
Seconded by	Full name		
	Signature		Date

Office use only

Scheduled board meeting		Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date added to Register of Members		Date applicant advised of outcome	