Application for Membership of Avenue Neighbourhood House

I, _____
(Print Full Name)

of _____
(Print Residential Address)

Desire to become a member of Avenue Neighbourhood House @ Eley Inc. In the event of my admission as a member, I agree to uphold the Statement of Purpose and Values of the Association.

----------(Signature of Applicant) ---------/----------/---------(Date)

Applicant Details

Telephone Number: _____

Mobile Number: _____

Email Address: _____

☐ Yes, I would like to receive updates on upcoming events and new classes at Avenue Neighbourhood House

We value your privacy and promise to keep your information safe. You can unsubscribe at any time if you change your mind.

Office Use Only

I, ---------- a member of the Association, nominate the Applicant, who is personally known to me, for membership of the Association.

---------- (Signature of Proposer) ---------/----------/---------(Date)

I, ---------- a member of the Association, second the nomination of the Applicant.

----------(Signature of Seconder) ---------/----------/---------(Date)

Membership confirmed by the Board on ---------/----------/---------(Date)