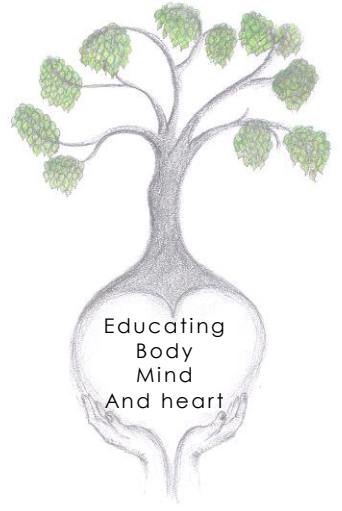


Tallowood Steiner School Inc.
220 Bellingen Road, Bowraville NSW 2449
PHONE/FAX: 02 6564 7224
EMAIL: admin@tallowood.nsw.edu.au
ABN: 82 844 288 087



TALLOWOOD STEINER SCHOOL INCORPORATED~
APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Please read and sign the Association Code of conduct
as this membership binds you to it.

I,
(Full name of applicant)

Of.....
.....
(Full address of applicant)

..... (Date of Birth) (email)

.....
(Phone)

Hereby apply to become a member of the above named
incorporated association. In the event of my admission as a member, I
agree to be bound by the rules, constitution and code of conduct of
the association. I also understand that membership is limited to 30
members and approval of membership is at the sole digression of the
current Board.

Please note there is a \$1 annual membership fee, to be paid on
application for membership. To retain membership the annual fee must
be paid at the AGM which is held annually in June.

Signature
Date

Please give a brief explanation of why you wish to join the association
and what skills you may have to offer.

.....
.....
.....
.....

Policy Name: Tallowood Steiner School Association –Application for membership	Date of Origin: 10-10-11 Revised: August 2013
Responsible: Chairperson/Secretary	Review date: Every 5 years or as legislation requires.
Location: Registration Folder (1 Proprietor), Association Folder	Attachments: