

# **APPLICATION FOR MEMBERSHIP OF AN INCORPORATED ASSOCIATION (Associations Incorporation Act)**

## Leichhardt Out Of School Hours Care Incorporated

### Information for applicants

- If your application is accepted, your name and address, as provided, must be recorded in a register of members and may be made available to other members, upon request.
- If the obligations under the Association Incorporation Act 2009 are not complied with Association can be wound up.
- You can contact the Association at [admin@loosh.org.au](mailto:admin@loosh.org.au)
- You can access or correct personal information by contacting the Association as indicated above.

### APPLICATION FOR MEMBERSHIP TO LEICHHARDT OUT OF SCHOOL HOURS ASSOCIATION INCORPORATED

	First Parent/Guardian	Second Parent/Guardian
First name:		
Middle name:		
Surname:		
Address:		
Suburb:		
Postcode:		
Child's name/s		
School your child attends:		
Home phone:		
Work phone		
Mobile:		
Email:		

I/We:

- apply to become member(s) of the Leichhardt Out of School Hours Association Incorporated ('the Association').
- declare the information above is true and correct.
- agree to be bound by the Association's constitution, rules, policies and procedures.

Signature of First Parent/Guardian

Signature of Second Parent/Guardian

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Dated:

\_\_\_\_\_

Dated:

<b>Office Use Only</b>		
Date application received		
Date application determined		
Date determination notified		
Membership Number for First Parent/Guardian		
Membership Number for Second Parent/Guardian		