



THE NOOSAVILLE ASSOCIATION INC. ABN 50 188 97 4588

MEMBERSHIP APPLICATION

Applicant's business name:

Business address:

Business phone No.:

Mobile No.:

EMAIL ADDRESS:

I hereby apply for membership of The Noosaville Association Inc. and agree to be bound by the rules of the Association.

Applicant's signature Date

Proposer _____ Seconded by: _____
Name Name

Signature Signature

Annual Membership Fee: Full member \$100.00
Associate member \$ 50.00

**Forward application to: The Noosaville Association Inc.
P.O. Box 161 Noosaville Qld. 4566**

Locality map info:

Give a one line description of your business – to be placed on the locality map.

Office use only:

Date received: _____ Receipt No.: _____

Date Committee Considered: _____

Date Applicant advised: _____

Membership No.: _____