



**WESDARC** Western Sydney Drug & Alcohol Resource Centre Inc.

Funded by Sydney West Area Health Service

ABN 79 755 770 356

Suite 109, 114-116 Henry Street Penrith NSW 2750

Telephone: 02 4732 1999

Facsimile: 02 4731 1911

Email: [admin@wesadarc.org.au](mailto:admin@wesadarc.org.au)

Website: [www.wesdarc.org.au](http://www.wesdarc.org.au)

**APPLICATION FOR MEMBERSHIP OF ASSOCIATION**

(incorporated under the Associations Incorporation Act, 1984.)

**APPLICANT**

I \_\_\_\_\_  
(full name of applicant)

from \_\_\_\_\_ Hereby apply to become a member of the above  
(organisation)

**mentioned incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.**

Occupation \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of applicant)

I have paid the membership fee of \$4.50 incl. GST

Receipt has been issued

**SECONDER**

I \_\_\_\_\_ a member of the association,  
(full name of seconder)

**second the applicant, for membership of the association.**

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of seconder)