



Family Worker Training  
+ Development Programme Inc.

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## APPLICATION FOR ASSOCIATION MEMBERSHIP

Family Worker Training + Development Programme Incorporated  
(FWT+DP Inc)

I, .....

*(full name of applicant)*

of .....

*(address)*

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 of the association in force at the time.

My email address for notices is .....

.....  
Signature of Applicant

Date.....

I, .....a member of the Association,  
*(full name)*

nominate the applicant, for membership of the Association.

.....  
Signature of Proposer

Date.....

I, .....a member of the Association,  
*(full name)*

second the nomination of the applicant, for membership of the Association.

.....  
Signature of seconder

Date.....