



Croatian Archive Association of Australia Inc.

Hrvatski arhiv Australije

APPLICATION FOR MEMBERSHIP

I,,
(Full name of applicant)

of,
(Postal or Home Address)

.....
(Phone/Mobile No.)

.....
(Email address)

Occupation DOB:

apply to become a member of the Croatian Archive Association of Australia Inc. (**Association**) and in the event of my admission as a member, agree to be bound by the rules of the Association.

.....
Signature of applicant

Date:

I, a member of the Association,
(Full name)
nominate the applicant, who is personally known to me, for membership of the Association.

.....
Signature of proposer

Date:

I, a member of the Association,
(Full name)
Second the nomination of the applicant, who is personally known to me, for membership of the Association.

.....
Signature of seconder

Date: