



Membership or Partnership Application form

First Name: _____

Last Name: _____

Preferred Name: _____

Gender: _____

Age Category (Tick Please)

16- 20yrs

41- 50yrs

71 & Above

21- 30yrs

51- 60yrs

31 – 40yrs

61- 70yrs

Company Name for corporate or casual

Partnership: _____

Email address: _____

Telephone: _____

**Mailing Address
(optional)** _____

Employment Status:

Employed Self-Employed Student Un-employed

Retired Disability. Explanation:

I confirm all information provided above is true and correct by signing this application. I will comply with all terms and conditions.

As a member, I will be accountable to the board of trustees.

Applicant Signature / Date



For A.A.S Office use only

Application reviewed by Executive / Trustee (Name & signature)

Approved / Declined (delete as appropriate)

1. _____

2. _____

3. _____

Name / Signature _____