



PO Box 390
SEVEN HILLS NSW 1730
t: 9620 9172
f: 9620 6173
e: info@leadpda.org.au
w: www.leadpda.org.au
ABN: 54960560044

APPLICATION FOR ASSOCIATION MEMBERSHIP

All persons who wish to become an Association Member of **LEAD Professional Development Association Incorporated** must complete this form and submit to the President of the Board of Directors. Membership requests will be considered at the subsequent Board of Directors' meeting after receipt of this nomination form. Applicants will be advised of the outcome within 14 days of the Board Meeting.

I,

(full name of applicant)

of

.....

(address)

My email address for notices is:

hereby apply to become a member of the LEAD Professional Development Association Incorporated. 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. A Membership Fee of \$5.50 is payable upon successful membership application. An annual membership fee of \$5.50 is required in order to maintain membership status.

..... Date.....

Signature of Applicant

.....a member of the Association,

(full name)

nominate the above applicant for membership of the Association.

..... Date.....

Signature of Proposer



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

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

.....

Date.....

Signature of seconder

FOR BOARD USE ONLY:

Date nomination received:

Date of Board Meeting:

Outcome of Board's decision:

Date Applicant advised: