



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

ASSOCIATION MEMBERSHIP RENEWAL FORM

All members who wish to continue their membership of **LEAD Professional Development Association Incorporated** must complete this form and submit to the President of the Board of Directors.

I,

(full name of applicant)

of

.....

(address)

My email address for notices is:

I hereby apply to renew my membership of the above named Incorporated Association. In the event of my successful renewal, I agree to be bound by the rules of the association in force at the time.

The annual membership fee of \$5.50 is required in order to maintain their membership status.

.....

Signature of Applicant

Date.....