## WREB Co-op Limited Application for Membership

Name:
Date of Birth:
Occupation:
Postal Address:
Address to which notices are to be sent:
1. I hereby apply to be admitted as a member of the WREB Co-op Limited, in respect of such application I lodge herewith the sum of eleven dollars (\$11.00), being \$10 Active Membership fee, plus GST
Membership becomes valid on approval by the Board and entered in the Register of Members.
2. I am over the age of eighteen (18) years.
Dated thisday of
Signature of applicant
Witness

**NSW Co-operatives ACT**