

NORTHERN TASMANIA STEINER ASSOCIATION INC MEMBERSHIP NOMINATION FORM

TO: The Secretary
Northern Tasmania Steiner Association Inc.
PO Box 689, St Leonards TAS 7250
E: secretary@tamarvalleysteiner.tas.edu.au

I hereby request to become a member of the Northern Tasmania Steiner Association Inc.

In the event of admission as a member, I agree to be bound by the rules of the Association in force at the time, and I declare to pursue the objects of the Association as stated in the constitution.

Name _____
(please print full name)

Signature _____

Address _____

Nominated by Name _____
(please print full name)

Signature _____

Address _____

NB: The nominating person above must be a current member of the Association

Public Officer Use Only	
Nomination accepted:	Yes/ No _____
Nominee advised in writing:	Signature: _____ Date: _____
Payment received:	Signature: _____ Date: _____
Recorded on register:	Signature: _____ Date: _____