

## ASSOCIATE MEMBERSHIP APPLICATION

I, \_\_\_\_\_ of

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

hereby wish to apply for ASSOCIATE MEMBERSHIP of Bowen Flexi Care Inc

I agree to be bound by the Rules of the Association during my membership. I accept that, subject to lawful procedure at a meeting, I shall be entitled to speak or vote upon any motions at any General Meeting of the organisation.

My details shall be entered into the Membership Register.

I may resign from the Association at any time by giving notice in writing to the secretary.

I agree to pay the annual membership fee of \$2 Yes / No

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application was presented at an Executive Board Meeting

This application was admitted / rejected

Signature(Nominator): \_\_\_\_\_

Signature(Seconder): \_\_\_\_\_

Date: \_\_\_\_\_