

ABN 46 793 650 620 40 Grattan Street Prahran VIC 3181 T: 9510 7052 | E: hello@prahranplace.org.au W: www.prahranplace.org.au

## **MEMBERSHIP FORM**

1 Any person shall be eligible to membership for a period of 12 months, if: a) she/he/they attend a course or class under the control of the Association, or

b) being interested i	n the purposes of the	Association.	
Name:			_
Address:			_
Email:			_
Ph/Mob:			_
DECLARATION:			
I am applying for and the calendar year.	nual membership of F	Prahran Place. I understand that annual	membership is valid for
I understand that th	e Committee may exp	pel or suspend any members of Prahran	Place:
acts in a manner wh	•	f the Association or b) Who, in the opin interests of the Association or c) Who nociation.	
Signature	Da	ate	
Date approved/no	t approved at Comr	nittee of Management meeting:	
Date added to regi	ister by Secretary: _		
Secretary:	 Name	 Signature	
	ivallie	Signature	