



# MEMBERSHIP APPLICATION FORM

Sutherland Shire Spinners and Weavers Inc

Mailing address:  
PO Box 418, Jannali 2226

Meeting Rooms:  
Como School of Arts, 15 - 17  
Novara Crescent, Como NSW  
2226

## Your details - PLEASE PRINT CLEARLY

Miss Mrs Ms Mr Dr First name ..... Last name .....

Address ..... Postcode .....

Telephone ..... Mobile ..... Email .....

- I understand members are subject to SSSW's Constitution and Operational Guidelines. These documents are available for inspection at our meeting rooms.
- I agree to my name and contact details being included in SSSW's membership list which is distributed to all members.
- I agree to have the following put on the internet or in other media:
  - photographs of me Yes / No
  - photographs of my work Yes / No

Applicants signature ..... Date .....

## Registration of your Crafts, Skills and Interests Spinning Weaving Knitting Felting Dyeing

Crochet Other .....

I would like to learn more about .....

I would be willing to show others how to .....

## Nomination of Applicant for Membership by 2 current Members of SSSW

Under the Constitution all applicants are required to be nominated for membership by two current members of the Group.

Nominated by ..... Signature ..... Date .....

Nominated by ..... Signature ..... Date .....

## Membership and Membership Badge Fees

Annual Membership is from 1 July to 30 June

Annual subscription \$45 Join after Christmas \$30 Join after March \$45 membership to June in the following year.

**plus** once only fee for a Membership Badge \$15

## Office use only

Application considered by Committee on ..... Approved ..... Not Approved .....

**Treasurer:** Amount received \$ ..... Date received ..... Type: Credit Card Cash Cheque

Receipt number ..... Signed by Treasurer .....

**Membership Secretary:** Badge Ordered ..... Membership list updated & distributed .....

Welcome letter sent ..... Signed by Membership Secretary .....