APPLICATION FOR MEMBERSHIP OF ALPHINGTON PAPER MILL ACTION GROUP INC No: A0052813D

Ι	of	
(name and occupation		
desire to become a member	of Alphington Paper Mill Action Group.	
In the event of my admissio	n as a member, I agree to be bound by the rules of the Association	L
for the time being in force.		
Email:		
Phone (optional) :		
Signature of Applicant Date		
I,	, a member of the Association,	
(nam nominate the applicant, wh	e) o is personally known to me, for membership of the Association	
Signature of Proposer Date		
(nam	, a member of the Association, e) he applicant, who is personally known to me, for membership of th	ne
Association.		

Signature of Seconder Date