**Belconnen Community Council Incorporated**

MEMBERSHIP APPLICATION

I, ......................................................................................, being a person over the age of sixteen years who (*tick all those that apply*)

* Resides in Belconnen

□ Holds a lease over property located in Belconnen

* Owns or operates a business or other establishment in Belconnen
* Is employed in a business, government department or other establishment in Belconnen
* Is enrolled as a student in a secondary college or tertiary institution in Belconnen

wish to apply for membership of the Belconnen Community Council and agree to be bound by its Constitution.

|  |
| --- |
| **Title:** **Surname:**  **Given Name:** |
| **Address:** |
| **Email Address:**  |
| **Phone No.*(****optional*)  (m) (h) (w) |
| Signature: Date: |

The completed form can be returned at public meetings or via e-mail to secretary@belcouncil.org or mailed to P.O. Box 1131 Belconnen ACT 2617.

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*Secretary to complete:*

Entered in the Register of Members on *(date)* .................................

Removed from Register of Members on *(date)*...................................

............................................................ *(reason)*