

APPLICATION FOR 2025 MEMBERSHIP

Elwood St Kilda Neighbourhood Learning Centre Inc.



I, _____
 Of _____

Occupation _____

Email address _____ @ _____

Telephone _____ Mobile _____

wish to apply for a new membership of Elwood St Kilda Neighbourhood Learning Centre Inc.

In the event of my application as a member, I agree to be bound by the present rules and Code of Conduct of Elwood St Kilda Neighbourhood Learning Centre Inc.

(A copy of the constitution and Code of Conduct can be found on our website www.esnlc.com.au)

Signature of Applicant..... Date.....

Type of Membership required: _____ Amount Paid: _____ Date Paid: _____

Office Use Only: Resident Work Volunteer Student