

Mossman Support Services



Phone (07) 4098 2836

20 Mill St Mossman. QLD. 4873
PO Box 682 Mossman. Q. 4873

ABN 60 077 203 004
ACN 603 136 429

APPLICATION FOR MEMBERSHIP

I wish to apply for membership of **DSCSA Ltd trading as Mossman Support Services** and agree to support the objects of the service.

Full Name: _____	Occupation: _____
Home Address: _____	Postal Address: _____
Home Phone: _____	Mobile: _____
Email: _____	_____

Why do you wish to become a member of this organisation? _____

What skills and qualifications can you contribute? _____

Are you able to volunteer any time to the activities of the organisation? _____

Please list membership to other organisations? _____

\$5.00 Membership Fee enclosed

Signature

Date

Proposed by: (print name) _____ **Signature:** _____

Seconded by: (print name) _____ **Signature:** _____

NOTE: The proposer and seconder must be signed up financial members of Mossman Support Services.
All applications for membership must be approved by the Board.

Please send your application to:	The Secretary Mossman Support Services PO Box 682 MOSSMAN QLD 4873
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Approved Not Approved Recorded in Minutes

If not approved, reason/s why: _____