

# APPLICATION FOR MEMBERSHIP

Under Clause 3 of the Constitution of the:

## ASSOCIATION OF PUBLIC AUTHORITY SURVEYORS NSW

(Incorporated under the Associations Incorporations Act, 2009)

I (First Name, Last Name) \_\_\_\_\_

Business Email Address (unless retired):

\_\_\_\_\_

Department or Company Name:

\_\_\_\_\_

The qualifications relevant to my application are:

hereby apply to become a Full Member / Retired Member / Associate Member / Student Member of the above-mentioned incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

Signature and Date.

### Application Proposed by:

I (First Name, Last Name) \_\_\_\_\_

a member of the association nominate the applicant, who is personally known to me, for membership of the association.

Signature and Date.

### Application Supported by:

I (First Name, Last Name) \_\_\_\_\_

a member of the association second the applicant, who is personally known to me, for membership of the association.

Signature and Date.

**Email the completed form to [Secretary@apas.org.au](mailto:Secretary@apas.org.au)**

[www.apas.org.au](http://www.apas.org.au)

April 2024