

APPLICATION FOR MEMBERSHIP

(Page 1 of 3 in Membership Pack)

If you would like to become a member of Ears Inc., please complete the following section outlined in the box and send this form to us at the above address along with the completed Membership Details form attached.

I, _____, desire to become a
(Name)

- Full member of Ears Inc. I accept the Statement of Faith of Ears Inc.

Signature: _____

- Associate member of Ears Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Agency.

Signature of Applicant: _____

Date: _____

Nominator

I, _____, a member of the
(Name)

Agency, **nominate** the applicant, who is personally known to me, for membership of the Agency.

Signature of Proposer: _____ Date: _____

Second

I, _____, a member of the
(Name)

Agency, **second** the applicant, who is personally known to me, for membership of the Agency.

Signature of Second: _____ Date: _____

Please contact Ears Inc. on (03) 9654 5511 for queries.