

Membership Application

Big Yellow Umbrella Incorporated

I, (Mr/Ms/Miss/Mrs./Dr/Other)
(Please print first, middle, and last names) of:

Address.....

Telephone: Mobile:

Email: D.O.B:/...../.....

Special Interests:

Local affiliations:

Membership Fees: ☐ 1 year - \$5 ☐ 5 years - \$20

I hereby apply to become a member of Big Yellow Umbrella Incorporated (BYU)

In the event of my admission as a member, I agree to be bound by the rules of Big Yellow Umbrella Incorporated for the duration of my membership.

In the event that my application to become a member of Big Yellow Umbrella Incorporated is accepted, I will:

- pay a membership fee of \$5.00 for 1 year or \$20 for 5 years within 28 days of receiving this information.
- I understand that failure to pay the annual subscription within four (4) weeks of the due date (1st of July each calendar year) will result in the cessation of my membership.
- I understand that membership entitlements are not transferable to another person, and that entitlements terminate on cessation of my membership.
- I declare that I have never ceased to be a member of the Big Yellow Umbrella Incorporated or had an application to be a member of the Big Yellow Umbrella Incorporated denied.

Signature of applicant: _____ Date:/...../.....

OFFICE USE ONLY

Receipt No:

Staff Member:

Date: ____/____/____

Entered MYOB: ____/____/____

Staff Member:

Entered database: ____/____/____

Staff Member:

Entered into Mailchimp: ____/____/____

Staff Member:



Big Yellow Umbrella
Child & Family Community Centre
16-24 Queen Street
Narellan NSW 2567

P (02) 4647 1283
E hello@yellowumbrella.org.au
W yellowumbrella.org.au
A PO Box 11, Narellan NSW 2567

Nominated By:

As a member of BYU Inc. I,

(Please print title and full name)

Nominate the above applicant, for membership to BYU.

Signature of Nominator:

Date:/...../.....

Seconded by:

As a member of BYU Inc I,

(Please print title and full name)

Second the nomination of the above applicant, for Membership of BYU.

Signature of seconder:

Date:/...../.....

Office Use Only (to be filled)

Name of Nominee:

Nomination was referred to the Board on: Date/...../.....

Board's Determination:

approved / denied

(Please circle)

Membership Nominee

notified of the Board's determination by:

Writer

Date:/...../.....

Membership fee received on: Date/...../.....

Receipt No:

Staff Name & Initials:

Date:/...../.....