

Swiss Alliance Australia Inc.

Umbrella Organisation of Swiss Associations in Australia



APPLICATION FOR MEMBERSHIP

Name of Applicant: _____ (Limited*/Inc.*)

Address: _____

Contact's Name: _____

Contact's Email: _____

Contact's Postal Address: _____

Applicant's Total Number of Members (in all categories): _____

The Applicant applies to become an:

- (1) ordinary member**
- (2) associate member**
- (3) online member**

of the Swiss Alliance Australia Inc.

In the event of its admission as a member, the Applicant agrees to be bound by the Association's Constitution for the time being in force.

The Applicant certifies that the Applicant is entitled to be admitted as a member of the Association and, if required by the committee of the Association, will provide proof to the Secretary of its entitlement to be so admitted.

Date: _____

Signed for and on behalf of the Applicant: _____

Name: _____

Office held: _____

* delete or amend as appropriate ** delete as appropriate

Please email this completed form to:

info@swissallianceaustralia.org