

The association of Iraqi academics in Australia & NZ

Application Form for Membership of Association



Name:.....

Date of birth: / /

Contact number: Tel / Mobile /.....

Email address:

Qualification:.....

I.....
(Full name of applicant)

Of.....
(Address)

.....hereby apply to become
(Occupation)

A member as it's above-mentioned incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

.....
(Signature of applicant)

Date: / /

I.....a member of the association.
(Full name)

Nominate the applicant, who is personally known to me, for membership of the association.

.....
(Signature of proposer)

Date: / /

I.....a member of the association.
(Full name)

Second the nomination of the applicant, who is personally known to me, for membership of the association.

.....
(Signature of seconder)

Date: / /

Accept by //

Date: / /