



CAMPBELLTOWN - KOSHIGAYA SISTER CITIES ASSOCIATION Inc

Walking Together



Application for Membership to Campbelltown - Koshigaya Sister Cities Association Inc

I, _____
(Full name of applicant)

of _____

_____ Post Code _____
(Home address)

Home Phone: _____ Home Fax: _____ Mobile: _____

Business phone: _____ Email: _____

Hereby seek to become a member of the Campbelltown-Koshigaya Sister Cities Association Inc.
In the event of acceptance of my nomination, I agree to be bound by the rules of the Association.

Signature of Applicant

Date

I, _____ as a member of the Association, **nominate** the applicant, who is personally known to me, for membership of the Campbelltown Koshigaya Sister Cities Association

Signature of proposer

Date

I, _____ as a member of the Association, **second** the applicant, for membership of the Campbelltown Koshigaya Sister Cities Association

Signature of seconder

Date

Office Use only:

Date received

Date accepted

Date notified

Cost of Joining	\$10.00	Conc \$5.00
Annual Subscription	\$10.00	Conc \$5.00
Total for new Membership	\$20.00	\$10.00

Go to our website for details on the next meeting.
www.cksca.org.au