

# Belconnen Community Council Incorporated

## MEMBERSHIP APPLICATION

I, \_\_\_\_\_, being a person over the age of sixteen years who

*(Please select all that apply)*

Resides in Belconnen

Holds a lease over property located in Belconnen

Owns or operates a business or other establishment in Belconnen

Is employed in a business, government department or other establishment in Belconnen

Is enrolled as a student in a secondary college or tertiary institution in Belconnen

wish to apply for membership of the Belconnen Community Council and agree to be bound by its Constitution.

<b>Title:</b>	<b>Surname:</b>	<b>Given Name:</b>
<b>Address:</b>		
<b>Email Address:</b>		
<b>Phone No.(optional)</b>		
	(m)	(h) (w)
<b>Signature:</b>	<b>Date:</b>	

The completed form can be returned at public meetings or via e-mail to [hello@belcouncil.org.au](mailto:hello@belcouncil.org.au) or mailed to:  
P.O. Box 1131 Belconnen ACT 2617.

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*Secretary to complete:*

Entered in the Register of Members on *(date)*

Removed from Register of Members on *(date)*

Reason for removal of member