



Eumundi & District Historical Association - serving the community since 1976

PO Box 226 Eumundi Qld 4562 Email: secretary@eumundihistoricalassn.org ABN: 68998532194

APPLICATION for MEMBERSHIP

Objectives of the Association

1. The support, financial and otherwise, of the Discover Eumundi Heritage and Visitor Centre
2. The support, financial and otherwise, of the Eumundi School of Arts Hall and the reserve for the School of Arts
3. To support financially and otherwise, activities and projects that provide a public benefit to the community of the township of Eumundi and the surrounding district, including activities and projects relating to community welfare, public education and charitable purposes of a cultural and historic nature
4. The support, financial and otherwise of the original Eumundi markets and their historical significance and community ethos

Full Name _____

Residential Address _____

Postal Address _____

Phone _____ Email _____

I hereby apply for Membership of the Eumundi and District Historical Association Incorporated and agree to be bound by its constitution and by-laws.

Choose Class of Membership:

- Community membership
- Associate membership
- Affiliate membership

Community membership - Principal place of residence is in Postcodes 4561 or 4562

Associate membership - Principal place of residence is outside of Postcodes 4561 or 4562 who

- (a) have been an Original Eumundi Markets stallholder continuously for at least 5 years
- (b) have volunteered regularly for EHA for at least the 3 years

Associate members hold all rights and responsibilities of community members, including the right to vote.

Affiliate membership - EHA's staff and persons who reside outside the Postcodes 4561 and 4562

Affiliate members hold all rights and responsibilities of community members, excluding the right to vote.

OFFICE USE

Applicant Eligible

Proposer Eligible

Membership Fee Paid

Confirmation letter member's pack sent....



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I can offer the association the following skills, experience and support towards the four objectives from the constitution listed above

Signed (applicant) _____ Date _____

Proposer: (Name) _____

As a financial member of the Eumundi & District Historical Association Inc wish to propose the applicant. *(Note: a member may not propose a new member within 1 year after acceptance of their membership and may not propose more than 3 new members within a 12 month period)*

Signed (proposer) _____ Date _____

Second: (Name) I _____

As a financial member of the Eumundi & District Historical Association Inc with to second the application

Signed (second) _____ Date _____

This application is approved/disapproved by the General Meeting on _____

Signed _____ Association President

Membership cost is \$10 per year.

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