



# APPLICATION FOR MEMBERSHIP OF THE SYDNEY WOODCARVING GROUP INC.

(Incorporated under the Associations Incorporation Act, 2009)



If you are interested in joining us, please fill in the attached form and send it to the address below.

Payment by cheque (\$40) should be made payable to:

**"The Sydney Woodcarving Group Inc."**

Or deposit into Account

**Bank:** Westpac  
**Acc Name:** Sydney Woodcarving Group Inc  
**BSB:** 032-087  
**Account #:** 280-143

### Fee Schedule

Jul – Jun	\$40
Oct – Jun	\$30
Jan – Jun	\$20
Apr – Jun	\$10

Post this form with proof of payment to:  
**Sydney Woodcarving Group**  
**PO Box 6123, Wetherill Park**  
**NSW Australia 2164**

### Office Use Only

Date Paid \_\_\_/\_\_\_/\_\_\_ Region \_\_\_\_\_

Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Once your membership has been accepted, you will receive a membership card and full benefits of belonging to the Group. We look forward to meeting you at our next meeting.

For further information please contact us at: [info@sydneywoodcarving.org](mailto:info@sydneywoodcarving.org) or Phone: **0412 413 903**

I, .....  
(full name of applicant)

of ..... Post Code: .....  
(full postal address)

Telephone No(s): (Home/Work) ..... (Mobile) .....

Occupation: .....

Email Address: .....

Emergency Contact ..... Phone .....

Hereby apply to become a member of the above Incorporated Association. In the event of my admission as a member I agree to be bound by the Constitution of the Association for the time being in force.

The Sydney Woodcarving Group Inc. does not accept any responsibility for any incident or injury to a member, nor any responsibility for lost or damaged tools or equipment incurred during any group activity.

However, the group does hold Personal Accident and Public Liability policies which covers members.

I have read and understood the above paragraphs.

Signature of Applicant: ..... Date: .....

**For Those Applicants Under the Age of 18 Years.** A Parent or Guardian must sign that they understand you are joining this Group, that they are aware of the risks of injury and that they take full responsibility for any incident or injury that might occur involving you whilst you are carving or meeting with the Group.

Name of Parent/Guardian: .....

Address: .....

Relationship: ..... Contact Telephone No. ....

Signature of Parent/Guardian: ..... Date: .....