



WORLD COSPLAY SUMMIT AUSTRALIA CO-OP LTD APPLICATION FOR MEMBERSHIP

Surname of applicant

Other Names

Occupation

Address

E-mail address

Phone number

1. I hereby make application to be admitted as a member of the cooperative. I am aware of the qualification for membership.
2. I commit to pay the \$10 membership application fee, valid for 1 year, cash (in person only) or by direct debit to the following Commonwealth Bank account: BSB 06 4000; Account number 1425 2615.
3. ** I am over the age of eighteen years.
** I am under the age of eighteen years having been born on/...../.....
(** *Strike out which is inapplicable*)
4. On approval of this application by the Board, I agree to be bound by the rules and by any alterations thereof registered in accordance with the Cooperatives Act 1997.

Dated/...../.....Signature of Applicant

Membership listing on WCS Australia Newsletter

Do you wish to be listed in the Membership register published in the WCS Australia Newsletter?

Yes No If Yes, please fill out below the information you wish to list:

Name

Cosplayer/Photographer/Other (*Strike out which is inapplicable*)

Website

A photo can be included. Please email your photo as a jpeg (under 1 MB) to info@wcsaustralia.com.au

Office use only

.....
Signature of a Director Signature of Secretary

Date name entered in register of members/...../.....