



ACN 099 357 454

Application for Membership CLASS GUARANTEE (Group Representative)

Apply for this Class of Membership if you are the authorised representative of your Landcare Group (a group that has been ratified by Southern New England Landcare Ltd). This class of membership has voting rights (1 vote per member) enabling voting rights at meetings of Southern New England Landcare Ltd. Those wishing to apply only for Membership Class Associate, should not use this form.

Member details

First name _____

Last name _____

Address _____

Town _____ Postcode _____

Email _____ Phone _____

Declaration

I understand that I give a guarantee that in the event of the Company being wound up, while I am a member or within one year after I cease to be a member, I will contribute such an amount as may be required, not exceeding twenty dollars (\$20.00), to cover any; payments for debts and liabilities of the Company (contracted before I ceased to be a member), the costs charges and expenses of winding up, and for the adjustment of the rights of the contributories among themselves.

I agree to abide by the Constitution of Southern New England Landcare Ltd. I have read and understood Southern New England Landcare's [Privacy Policy](#).

Signed _____ Date _____

Endorsement by group

This is to certify that the person named on this Membership Application is an authorised representative of _____ Group (must be a group from the list officially ratified by Southern New England Landcare Ltd).

Signature _____	Signature _____
Name _____	Name _____
Date _____	Date _____

Please forward your completed form to Southern New England Landcare Ltd at PO Box 85 Armidale NSW 2350, email to mail@snelandcare.org.au, or deliver to Suite 10, 128 Beardy St, Armidale, NSW 2350.

OFFICE USE ONLY

 Salesforce updated date: _____ Company Register updated date: _____

Member number: _____

Effective Date: _____ Date Ceased: _____