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| .PPCCLOGp | [PORT PHILLIP CONSERVATION COUNCIL INC.](http://www.ppcc.org.au)  Tel (03) 59871583 12 Burton Street DROMANA VIC 3936  Fax (03) 59871583  **APPENDIX 1 OF** [sec@ppcc.org.au](mailto:sec@ppcc.org.au)  **PPCC INC. RULES** A0020093K Victoria [www.ppcc.org.au](http://www.ppcc.org.au) |

**Application to be a Member Organization, for Nomination of Members, or for Change of Details**

**COMPLETE ALL DETAILS, LEAVING NO BOXES BLANK - EVEN IF ONLY MAKING A SMALL CHANGE - SO THE FORM SUBMITTED DISPLAYS ALL CURRENT DETAILS.**

***To: The Secretary, Port Phillip Conservation Council Inc.***

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| Name of Officer of Organization authorizing this application (Title, given name, surname) | | | | |
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| Personal postal address of Officer authorizing this application | | | | |
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| Name of Organization applying Reg. Assoc. No. A.B.N. | | | | |
|  | | |  |  |
| Postal Address of Organization |  | Web site address of Organization (URL) | | |
|  |  | http:// | | |
| I apply on behalf of the above organization for it to become a Member Organization, and include: | | | | |

… Cheque for $48.00 *(refunded if a General Meeting of PPCC Inc. does not admit the Organization),* and

… A copy of the Constitution of the Organization **OR,** if there is none, … A list of all its members’ names

.… Nominations of [Members A and B](http://www.ppcc.org.au/constitu.htm#qualification) and their Deputies, and other details below. **\**Tick applicable items.***

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| Signature of Officer Position held in Organization Date | | | | | | | | | | | | |
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|  | | President | Secretary | | | | [Nominee A](http://www.ppcc.org.au/constitu.htm#qualification) | [Nominee B](http://www.prsa.org.au/constitu.htm#qualification) | Deputy A | | | | Deputy B |
| Title (Mr, Ms etc) | |  |  | | | |  |  |  | | | |  |
| Given name | |  |  | | | |  |  |  | | | |  |
| Surname | |  |  | | | |  |  |  | | | |  |
| Postal address | |  |  | | | |  |  |  | | | |  |
| Postcode | |  |  | | | |  |  |  | | | |  |
| Bus. phone | |  |  | | | |  |  |  | | | |  |
| Private phone | |  |  | | | |  |  |  | | | |  |
| Mobile phone | |  |  | | | |  |  |  | | | |  |
| Fax number | |  |  | | | |  |  |  | | | |  |
| E-mail address | |  |  | | | |  |  |  | | | |  |
| I apply to become a member or deputy member of Port Phillip Conservation Council Inc. and agree to be bound by its rules. (The rules appear on the [PPCC Inc. Web site](http://www.ppcc.org.au/constitu.htm) above)  Signature of [Nominee A](http://www.ppcc.org.au/constitu.htm#qualification) Signature of [Nominee B](http://www.ppcc.org.au/constitu.htm#qualification) Date | | | | | | | | | | | | | |
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| Signature of Deputy A Signature of Deputy B Date | | | | | | | | | | | | | |
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