



PO Box 154 Uralla NSW 2358
Uralla: 02 6778 4918 Email: cbne@gmail.com
Web: <http://www.cbne.org.au/> After hours Carl Giertz 0498 104 530

.....

Membership Application Form

Name: _____

Address: _____
Street City State Post Code

Phone(s): _____ Mob: _____

Email: _____

DOB: ____/____/____

All information provided will be confidential and private and will only be used for the purpose of the ComputerBank New England Inc.

Your email address will be used by CBNE for official business only.
In addition, I give permission to distribute my email address to other Members for the purpose of member-to-member promotions. ____ Yes ____ No (please check one)

MEMBERSHIP Annual Fee \$3.00
Receipt Number _____

I certify that the information provided in this application is true, complete and correct to the best of my knowledge. By signing this application, I understand membership dues are non-refundable and non-transferable and I will agree to be bound by the Rules of the Incorporation and follow the Direction of the President.

Applicant's Signature _____ Date _____

Received by: _____ Signature: _____

Nominated By _____ Signature: _____

Please keep a copy of this completed form and submit the original form with your payment

For Membership information and Constitution, please contact the Secretary at CBNE Uralla.

Carl Giertz – President