



Business West Wyalong Inc.,  
PO Box 349  
West Wyalong  
NSW 2671

**APPLICATION** for membership of Business West Wyalong Incorporated  
(incorporated under the Associations Incorporation Act 1984)

Please print clearly in block letters using a black pen for easy copying. Thank you.

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

of .....  
(Business Name)

T/as .....  
(Trading Name if different)

**Nature of business**.....  
eg. (Excavating & Earthmoving Contractors)

**Position**.....  
eg. (owner/manager/partner etc.)

**Business address**.....  
(physical location)

**Postal address**.....  
(if different from above)

**Phone**.....after hrs.....  
(Business No.) (if applicable eg: funeral directors)

**Mobile**.....I do/do not want text reminders  
(if applicable)

**Email**.....

hereby apply to become a member of Business West Wyalong Incorporated.  
In the event of my admission as a member, I agree to be bound by the rules of  
the association for the time being in force.

**Signature of applicant**.....**Date**.....

Please send to: address above, cheque payable to Business West Wyalong Inc.  
or electronic payment (ref. with your name) to: BSB 802 367 Account 40027 4883  
or take with payment to Quade Moncrieff, 166 Main St, West Wyalong.

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Office Use only:- Membership No. .... Entry in list by:.....  
\$60..Annual Membership Fee Paid by: Cheque | Bank transfer | Cash

Reciept No..... Date : .....