



APPLICATION FOR AFFILIATION WITH NEIGHBOURHOOD WATCH NEW SOUTH WALES INCORPORATED.

(Please PRINT in Block letters)

Local government area:

NAME OF GROUP:

Is the Group Incorporated? Yes/No Does the group have an ABN? Yes/No

Is the group registered with ACNC? Yes/No

OFFICE BEARERS

PRESIDENT:

Home Phone: Mobile:

Email:

SECRETARY:

Home Phone: Mobile:

Email:

TREASURER:

Home Phone: Mobile:

Email:

STATEMENT BY COMMITTEE (Two Office Bearers to sign)

If this Application for Affiliation is accepted by the Board of Neighbourhood Watch New South Wales Inc, we agree to be bound by the Charter

.....
Name Position Signature

.....
Name Position Signature

Application Approved:

Date: