



Junior AECG Membership Application

I, _____
(Full name of Applicant)

Of _____ School Year _____
(Name of School and Year)

School Email: _____

Hereby apply to become a Junior Member of the NSW Aboriginal Education Consultative Group Incorporated (NSW AECG Inc.). In the event of my admission as a member, I agree to be bound by the current Rules of the Association.

x _____ Date / /
Signature of Applicant

To be completed by a Local AECG member		
Local AECG		
First Name		
Surname		
Signature		Date :
Witness signature		Date :

Junior Membership Application forms are placed on file with the Secretary of specified Local AECG.