



Application for Membership

Business Name: _____

Name: _____

Date of Birth: _____

Products/Services offered: _____

Address: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Web: _____

If accepted for membership, I agree to comply with and be bound by the Constitution and rules of Network Noosa Group Inc.

Annual Fee: \$150.00, from 1st January each year when all memberships are due. \$60.00 from July 1st

Signature: _____

Office use only _____

Fee received: _____

Approved: _____

Date: _____