



Quality Lifestyle Alliance Inc.

APPLICATION TO BECOME A MANAGEMENT COMMITTEE MEMBER

I wish to apply for membership of the Quality Lifestyle Alliance Inc. Management Committee and agree to support the objects of the service.

Name:

Address:

.....

.....
Signature

.....
Date

NOTE: All applications for membership must be approved by the Management Committee of Quality Lifestyle Alliance Inc..

Please send your application to: The Secretary
Quality Lifestyle Alliance Inc.
P O Box 368
COTTON TREE QLD 4558

(OFFICE USE ONLY)

This application for membership was approved / not approved by the Management Committee of Quality Lifestyle Alliance Inc. at the meeting held

on **(date).**

If not approved, reason/s why:

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Signature of Secretary _____