



## MEMBERSHIP FORM

## Retired Members Activist Group

Dear Retired Activist,

In order to cover a requirement in the NSWNMA Rules please sign this form to become a Professional Member (non-paying). You will then be recorded as part of the Retired Member Activist Group under the Professional Member database.

**NAME**

**ADDRESS**

**EMAIL ADDRESS** (PLEASE PRINT CAREFULLY)

**MOBILE**

**I ELECT TO BECOME A PROFESSIONAL MEMBER (NON-PAYING)**

Please return this form in the envelop provided.

Please note: Life members are not required to complete this form.

Authorised by B.Holmes, General Secretary, NSWNMA