



Northern Settlement Services Ltd

If you wish to become a member or renew your membership,
Please complete the details below. The cost is **\$5.00 per person or organisation.**

Please remember to sign & date this form before returning to NSS

MEMBERSHIP FOR AN **INDIVIDUAL** – Membership 2019/2020

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

MEMBERSHIP FOR AN **ORGANISATION** – Membership 2019/2020

ORGANISATION NAME _____

NAME OF REPRESENTATIVE _____

POSITION OF REP _____

POSTAL ADDRESS _____

TELEPHONE _____

EMAIL _____

Your signature please: _____ *Date:* _____



PLEASE RETURN this form & PAYMENT to:

NSS 8 Chaucer Street, Hamilton NSW 2303

Office Hours: Monday – Friday, 9.00am – 4.00pm

Email – nss@nsservices.com.au



EFT PAYMENTS:

BSB: 032-505

ACC: 285837

OFFICE USE ONLY

Receipt #:

Date Paid:

Received by: