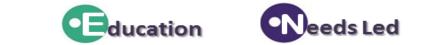


SensationALL Membership Form (Organisation)

Organisation Name:	
Organisation	
Address &	
Postcode:	
Name of Person	
Authorised to Apply	
for Membership:	
Position of Person	
Authorised to Apply	
for Membership:	
Name of Nominated	
Representative:	
Representative	
Date of Birth:	
Representative	
Home Address &	
Postcode:	
1 osteode.	
Representative	
Mobile Phone:	
WIOUIIC I HOIIC.	
Representative	
E-Mail Address:	
L Man Address.	











I confirm that I am 16 years of age or older
I have read and understood the SensationALL Members Information Sheet
All of the above information is accurate to the best of my knowledge
Signature of of Person Authorised to Apply for Membership:
Signature of Nominated Representative:







