

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:	
Representative Mobile Phone:	
Representative E-Mail Address:	

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I confirm that I am 16 years of age or older

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I have read and understood the SensationALL Members Information Sheet

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All of the above information is accurate to the best of my knowledge

Signature of of Person Authorised to Apply for Membership:

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Signature of Nominated Representative:

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