



Special Member Application

Name: _____ Application Date: ____/____/____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Phone 1: (____) _____ Mobile: _____

E-mail: _____

Applicants must be proposed and seconded by a Savannah Guides Member:

Proposer Name: _____ Signature: _____

Secunder Name: _____ Signature: _____

What is the name of the enterprise and location where you are currently working?

Please describe briefly your role:

Have you attended a Savannah Guides School? Yes No

When: _____ Where: _____

When: _____ Where: _____

Please describe why you want to join Savannah Guides:

I enclose my Registration Fee of \$105

- Joining at Sep-Nov School – fee covers Current Financial Year
- Joining at Mar-May School – fee covers Current and Following Financial Year

*Fees must be submitted with this application, either by cheque or by direct deposit into our bank account:
Savannah Guides Limited BSB: 034-167 Account: 47-1141*

Membership Pledge

I agree to abide by the Savannah Guides Code of Conduct and membership conditions as interpreted by the Board, and pursue the objectives of the Savannah Guides Mission Statement.

I agree to participate in mentoring processes as requested by the Board of Savannah Guides Limited.

Applicant's Signature: _____ **Date:** ____/____/____

Thank you for your application. We will be in contact soon.

For further information please contact:

Russell Boswell, Manager, Savannah Guides Limited