



Membership Activation Form

Membership Type

Voting Precinct Associate

Applicant Details

Title First Name Last Name

Phone Number Email Address

Unit No. Street No. Street Name Suburb State Postcode

Business Details

Company Name Trading As

Unit No. Street No. Street Name Suburb State Postcode

Your Connection to the Business

Property Owner Business Owner Authorised Representative

Business Precinct

Darby Street Civic West End East End Other

Authorisation

Signature Date

02 4929 4644
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