

**Appendix 1 –
Application for Membership of the
Australian Viking Ships Museum
Association Inc.**

I,
(Full name of applicant)

of
(Residential address)

.....
(Occupation)

desire to become a member of

The Australian Viking Ships Museum Association

In the event of my admission as a member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant

Date

Signature of Secunder

.....

a member of the Association.

(Membership Number)