



CARLISLE STREET TRADER'S ASSOCIATION

APPLICATION FOR MEMBERSHIP

I, of.....
(personal name) **(business name)**

atwant to become a member of
(business address)

the Carlisle Street Traders Association. I agree to be bound by the rules of the Association.

I wish to be a member of the Committee of the Association Yes No

Signature of Applicant

Date

Contact Details of Applicant

Business Phone

Mobile

Email

Website

Please send the form to:

marketing@carlislestreet.com.au or

call/text **0418 564 685**