

Office Use	
Received:	
Approved:	

Membership Application

Name:		
Email:		
Telephone:		
Address:		
I wish to become a member of	f the Let's Enhance Gleadell Street Association Inc. (LEGS)	
I support the purposes of the	Association, which are—	
school community members and other involved or inte Gleadell Street precinct in	ity of Yarra residents, Gleadell Street Market stall-holders, ers, local community facility and service owners and operators erested people to express, discuss and debate their vision for the Richmond, and other potential open spaces in the City of Yaron liveability, sustainability and connectedness across the	ne
other relevant authorities,	ociation's findings and resolutions to the Yarra City Council and community organisations and groups to promote its vision for open spaces in the City of Yarra and the Gleadell Street predictions of the City of Yarra and the Gleadell Street predictions.	r the
If I am accepted as a member,	I agree to comply with the Association's Rules.	
Enclosed is my joining fee of \$	\$5.	
,	e to receive communications from LEGS relating to plate or use your details for other purposes.	
Please let us know about any s	kills you might contribute to LEGS on the back of this form.	
Signed:	Date:	
LEGS acknowledges and gives	s thanks to the Wurundjeri people, the traditional custodians o	f the
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Let's Enhance Gleadell Street

land around Gleadell Street on which the market operates.

We pay our respects to their Elders, past, present and emerging.

Association Inc. [A0107157F]

Email: LEGleadell@gmail.com PO Box 122, Richmond VIC 3121 Secretary Telephone: 0409 039 427

Please tick any skills you might contribute to LEGS

Place Making	
Urban Design	
City Planning	
Community Building	
Website Design	
Social Media / Instagram Communications	
Traffic & Active Travel Planning	
Environment & Waste Management	
Event Management	
Indigenous Affairs	
Legal	
Other matters, suggestions, etc:	