



APPLICATION FOR MEMBERSHIP

ABN 401 601 985 69

Surname:..... Mr /Mrs / Miss

Given Names:

Preferred First Name (if different from above)

Date of birth...../...../..... Email address:

Phone: () Mobile:

Surname: Mr /Mrs / Miss

Given Names:

Preferred First Name (if different from above)

Date of birth:/...../..... Email address:

Postal Address:

..... State: Postcode:

Phone: () Mobile:

Preferred contact: Email Mail Phone

Membership Year is financial year, that is 1st July to 30 June each year

Office use only.

Membership No: (1) (2)

Date received:/...../.....

Amount received:

Receipt no: Approved by:

Entered into Membership Register: Date: Initials:

Membership Fees: Single \$25 per year, Family/Couple: \$40 per year

Donation: \$

Paid by: Cash Cheque Direct debit WBC/BSB 032-151 A/C 346371

NB: If you are paying by cheque and require a receipt please add extra \$1 to cover postage and handling.

Donations of \$2 or more are tax-deductible.

Address for Membership: PO Box 15 Broke NSW 2330
email: gailv2@bigpond.com