

MEMBERSHIP APPLICATION FORM
PO Box 8258, Bargara 4670

NEW MEMBER

RENEWAL

SURNAME: _____ DATE: _____

FIRST NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE HOME: _____ MOBILE: _____

- I hear by make an application for membership of the Association and hereby agree to abide by the rules.
- I acknowledge that I will NOT hold the association responsible for any injuries or damage to property or self-injured while participating in any functions.
- I also consent to receiving professional emails with meeting notices for topics of interest to Association members.

Membership fee: \$ _____

Application signature: _____

Nominated by: _____

Nominated by (Signature): _____

Date received by Secretary: _____

Date confirmed by committee: _____

All members applications will be considered by the managing committee, who shall determine upon the admission of the applicant