

**MEMBERSHIP APPLICATION FORM**

**Please complete and return with payment.**

**Name:** .....

**Address:** .....

.....

.....

**Contact No:** .....

**Date of Birth:** .../.../.....

**Date of Birth:** .../.../.....

**Please list names of children aged 6-16yrs – if applicable**

.....

.....

.....

<b>Member:</b>	<b>Full Member ?</b>	<b>Corporate Member ?</b>	<b>Junior Member ?</b>
	<b>\$10.00</b>	<b>\$10.00</b>	<b>\$2.00</b>

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Office Use Only: Approved Minutes ...../...../.....