



Office use only	
Date received:	
Date paid:	
Receipt No:	
Membership No:	

I/we wish to become a member/s of the abovementioned Association.

Name :

Address :

State :

Postcode :

Phone :

Email :

Annual fees:

- Adult (18 years and over) **\$35.00**
- Family..... **\$60.00**
- Junior (under 18 years)..... **\$25.00**
- 3 Year Adult Membership..... **\$95.00**
(saving of \$10 plus any future increases over 3 years)
- 5 Year Adult Membership..... **\$160.00**
(saving of \$15 plus any future increases over 5 years)
- 3 Year Family Membership..... **\$150.00**
(saving of \$20 plus any future increases over 3 years)

Corporate membership enquiries ~ please contact the Secretary.

Note: Membership expiry date appears on membership card. Children included with family membership are those aged 0-18 years old.

Names of family members joining (if applicable). Must be resident at above address:

- 1 _____ 2 _____
- 3 _____ 4 _____
- 5 _____ 6 _____

I /we agree to abide by the Rules and Directives of the Association, as updated and amended.

Signed: _____ Date: / /2009

Post/email completed form & cheque to : The Secretary, PO Box 333 Nannup WA 6275