



| <i>Office use only</i> |  |
|------------------------|--|
| <i>Date received:</i>  |  |
| <i>Date paid:</i>      |  |
| <i>Receipt No:</i>     |  |
| <i>Membership No:</i>  |  |

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

**Name :**

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**Address :**

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**State :**

**Postcode :**

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**Phone :**

**Email :**

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**Membership Categories (please tick box) :**

ADULT  \$30.00 per year

FAMILY  \$50.00 per year

JUNIOR (under 18yrs )  \$20.00 per year

CORPORATE  \$250.00 per year

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

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 6 \_\_\_\_\_

**I 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**