

MEMBERSHIP APPLICATION FORM



ATT: TREASURER
P.O. BOX 401
BERRI 5343
SOUTH AUSTRALIA

NAME:.....

ADDRESS:.....

TOWN:.....

STATE:..... CONTACT No.....

POSTAL ADDRESS:.....

State as above if same

TOWN:.....

STATE:.....

PLEASE CIRCLE THE DESIRED MEMBERSHIP OPTION

I have enclosed the amount shown amount for 1 years club membership and upon receiving a receipt, posted to my postal address will acknowledge this payment.

Single membership \$50.00

Family membership \$75.00