**Membership Application Form**

**Member Details**

|  |  |
| --- | --- |
| Surname: | Given Names: |
| Address:  |
| Suburb: | State: | Post Code: |
| Email: |
| Mobile: |

The Membership fee is $25.

Payment Options:

Electronic Funds Transfer (Preferred)

BSB: 063 222

Account: 1043 4060

Date of Transfer

Cash: Date Paid:

Signature ………………………………………………………………………………