

Friends of Cheltenham and Regional Cemeteries Inc.

APPLICATION FORM TO BECOME A MEMBER

(Please print clearly)

I,,
(Name)

of,
(Address)

desire to become a member of the Friends of Cheltenham and Regional Cemeteries Inc. (A0050136N). In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

.....
(Signature of Applicant)

.....
(Email address)

How did you hear about the Friends (ie website, flyer, word of mouth, newspaper)?

.....

*All members have access to the Members' Area of our website www.focrc.org.
To access the Members' Area, please nominate an eight character password.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date: / / 2010

ANNUAL MEMBERSHIP TO 30 JUNE 2011

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Individual (includes one-off joining fee of \$10.00) | \$A 21.00 |
| <input type="checkbox"/> | Corporate/Organisation | \$A 25.00 |

Yes, I would like to make a donation to the Friends of Cheltenham and Regional Cemeteries Inc. \$A _____

TOTAL: \$A _____

Please return this application form with your cheque or money order (no cash) made out payable to "Friends of Cheltenham and Regional Cemeteries Inc.":

Friends of Cheltenham and Regional Cemeteries Inc.
PO Box 2958
CHELTENHAM VIC 3192