

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)

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

--	--	--	--	--	--	--	--

Date:/...../ 2008

ANNUAL MEMBERSHIP TO 30 JUNE 2009

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Individual (membership includes \$10.00 joining fee) | \$A 15.00 |
| <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

For your convenience, cash payment may be made in person at either the Cheltenham Memorial Park or Bunorong Memorial Park offices