



MEMBERSHIP FORM

Name:	
Address:	
Phone:	
Email:	
Occupation:	
Date of Birth:	
Electorate:	

Individual:	\$10	\$
Couple:	\$15	\$
Family:	\$20	\$
Youth (under 30yrs):	\$10	\$
Student:	\$5	
Over 65 years:	\$5	\$
Couple over 65 years:	\$10	\$
Donation:	\$	\$
Total:		\$

Willing to be on the committee:	Y	N
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Signed: _____

Date: _____