



AD7. Application for Membership

I/We _____
(Full Name/s)

Address _____

Suburb _____ Postcode _____

Email _____ Phone _____

Hereby apply for membership of the Association. I/We understand that an Annual Membership Fee of \$10.00 (family) or \$5.00 (single) is payable before entry into the register of Members and each first July thereafter.

Signature/s _____ & _____

Date ____/____/____

I, _____ a member of the Association, nominate the applicant who is personally known to me, for membership of the association.

Signature of Proposer _____

Date ____/____/____

I, _____ a member of the association, nominate the applicant who is personally known to me, for membership of the association.

Signature of Seconder _____

Date ____/____/____

Annual Membership Fee of: [] \$5.00 Single [] \$10.00 Family

I, _____ On _____

Accepted by Committee _____ Date of Meeting ____/____/____

Receipt No. _____

Date Entered in Membership Register ____/____/____ Letter Sent ____/____/____



Yackandandah
Health



Residential
Care



Retirement
Living



Home
Support



Health
Services



Medical
Centre