



**ANNUAL MEMBERSHIP APPLICATION 2017**

**FEE \$88.00**

DATE OF APPLICATION.....RECEIPT NO.....

MEMBERS NAME .....(IN FULL)

ASSOCIATE/SPOUSE.....(IN FULL)

POSTAL ADDRESS.....

.....

EMAIL ADDRESS .....

*Children Under 16years as at Sept 30*

NAME	DOB	PROOF of DOB

Signature of Applicant.....