



ANNUAL MEMBERSHIP APPLICATION 2020

ANNUAL FEE \$95.00

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

MEMBERS NAME(IN FULL)

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

POSTAL ADDRESS.....

.....

EMAIL ADDRESS

PHONE NUMBER

Children Under 16years as at Sept 30

NAME	DOB	PROOF of DOB

Signature of Applicant.....