

2012

WADDRA MEMBERSHIP FORM

NAME:

.....
.....

ADDRESS:(full address please)

.....
.....

PHONE: (Home)

(Mobile)

(E-mail).....

..... **\$5.00 Single Membership**

..... **\$10.00 Family Membership**

(Please, supply all family names)

..... **\$3.00 Junior U18 Membership**

Signed:

Dated:

.....
OFFICE USE ONLY
AMOUNT PAID: \$

DATE: / /

SIGNED:

WADDRA
PO Box 292
Warrnambool 3280