



MEMBERSHIP APPLICATION

I hereby apply for membership of the above Association for the year 1st January 2021 to 31st December 2021.

Enclosed is my membership fee of \$5.00 or see bottom for bank details for EFT.
I am a Life Member of the Association and enclosed is my \$5.00 for voting rights.
Delete whichever is not relevant.

You are advised to obtain your own private personal accident insurance cover.

Name:

Address:

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Phone Number:

Email:

Date of Birth:

Applicant's Signature:

Guardian's Signature:

Date:

Date received by A.H. & I. Association Inc:

Receipt Number:

For EFT Payment: BSB: 633 000 Account Number: 162 999 619 Ref: Your name/s