



Membership Application

I / We

.....

.....

(name/s in household)

of

.....

.....

(mailing address)

.....

(email address – please print clearly)

hereby apply for membership of Curl Curl Lagoon Friends Inc. I/We support the objects of the Association and agree to be bound by its rules and bylaws.

Membership: _____ (\$10.00 /household p.a., \$5.00 concession)

Donation: _____

Total payment: _____

Please note: Donations are not tax deductible. Membership year is 1 July to 30 June.

Signature

Signature

Privacy statement: Personal information you supply will not be disclosed to any other party and will be used for no purpose other than communicating with you regarding Association business.

Office date:	Payment method:	Receipt no:	By:
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