

Application for New Membership

Please enrol as new members of
Robertson A. & H. Society:

(BLOCK LETTERS PLEASE)

Name(s): _____

Address: _____

Phone: _____

Email: _____

Names and dates of birth of
all children under 17 years of age:

Signature of

Proposed Member _____

ANNUAL MEMBERSHIP FEES:

- Adults: \$15.00 • Children (10-16yrs): \$5.00
- Children under 10: Free

MAIL FORM AND CHEQUE TO: THE SECRETARY,

P.O. BOX 3044, ROBERTSON 2577

Or Direct Deposit (EFT) to

BSB 062576 Account No. 10070958

Reference: Your Initial and Surname