

Weindorfer Association Incorporated

Membership Application Form

Applicant Details

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Membership Class

Please select the desired membership class:

☐ Member (Annual fee, Voting right)

☐ Associate Member (No fee, No voting right)

☐ Subscribing Member (Online signup, No voting right)

Declaration and Agreement

Applicant's Signature: _____ Date: _____

Email secretary@weindorfer.org.au Phone 03 6459 0422 web www.weindorfer.org.au