



Membership Renewal Form

For 2012

DATE:

FAMILY SURNAME.....

POSTAL ADDRESS:

.....POSTCODE:

HOME PHONE No. :

BUS PHONE No. :

MOBILE PHONE No. :

AMBULANCE SUBSCRIPTION No. :

(or private health fund)

ANNUAL FAMILY MEMBERSHIP FEE - \$60.00

(please make cheques payable to W&D.M.B.C)

Given Names:

Date of Birth.....

Grade/Class

M.A Licence No.....

Comp No.....

Given Names:

Date of Birth.....

Grade/Class

M.A Licence No.....

Comp No.....

Given Names:

Date of Birth.....

Grade/Class

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Comp No.....

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Comp No.....

Given Names:

Date of Birth.....

Grade/Class

M.A Licence No.....

Comp No.....

Given Names:

Date of Birth.....

Grade/Class

M.A Licence No.....

Comp No.....

RETURN MAIL TO

PO BOX 166

Wallan Vic

3756