

APPLICATION FOR MEMBERSHIP



Mr, Mrs, Ms

Name

Address

Phone (H.)

(M.)

Email

ANNUAL SUBSCRIPTION

- | | |
|-------------------------------------|----------|
| <input type="checkbox"/> Individual | \$13.00 |
| <input type="checkbox"/> Family | \$20.00 |
| <input type="checkbox"/> Pensioner | \$5.00 |
| <input type="checkbox"/> Student | \$9.00 |
| <input type="checkbox"/> Life | \$100.00 |
| <input type="checkbox"/> Donation | |



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