

Membership Application

When complete please email form to wgvorchard@gmail.com or post to PO Box 921 South Fremantle 6162

Your Details:

Full Name (and family members if applicable) _____

Address: _____

Telephone (H): _____ (M): _____

Email: _____

I/We wish to apply to become a member of the WGV Community Orchard Inc. If my application is accepted, I agree to be bound by the rules of the Association.

Signature _____

Date _____

Membership Options *(choose 1 or 3 years and tick box)*

1 year only	
<input type="checkbox"/> Single \$18	<input type="checkbox"/> Concession \$10
<input type="checkbox"/> Family \$30	<input type="checkbox"/> Concession \$15
<input type="checkbox"/> <i>Opt out of receiving newsletters</i>	

3 years	
<input type="checkbox"/> Single \$50	<input type="checkbox"/> Concession \$28
<input type="checkbox"/> Family \$85	<input type="checkbox"/> Concession \$43
<input type="checkbox"/> <i>Opt out of receiving newsletters</i>	

Payment *(tick relevant box)*

Direct Debit (see details below) Cheque or money order Cash

I would like to make a donation of \$_____

Bank details for direct debit payments **(please reference surname + fees):**
 Account Name: **WGV Community Orchard Inc.**
 Bank: Bendigo Bank Fremantle BSB: 633 000 A/c No 152 805 024

For office use only:

Rule 5(2) "A person who wishes to become a member must be ... proposed by one member and seconded by another member."

<p>PROPOSED:</p> <p>Name _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>SECONDED:</p> <p>Name _____</p> <p>Signature _____</p> <p>Date _____</p>
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