

COOTAMUNDRA A.P.H. & I ASSOCIATION INC.

APPLICATION FOR 2016 MEMBERSHIP

PLEASE PRINT:

Name: (Mr/Mrs/Miss):

.....

Address:

.....

Postcode:

Phone:.....

Family Membership: \$18-00

Single Membership: \$9-00

(Cross out which does NOT apply)

See rules and regulations for concessions. Cut out and forward with membership fee to:

**Secretary
Cootamundra APH & I Association Inc.
PO Box 407
COOTAMUNDRA NSW 2590**