
ADFAS BOWRAL & DISTRICT INC.

APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Mr/Mrs/Miss/Ms/Dr:

SURNAME:

GIVEN NAME (S):

(for membership name badge)

SESSION PREFERENCE: **A.M. or P.M.** *(please circle)*

POSTAL ADDRESS:

.....

.....POSTCODE.....

TELEPHONE NUMBER (S):

HOME.....WORK.....EVENING.....

EMAIL ADDRESS:.....

SIGNATURE (S): DATE:.....

From where, or from whom, did you learn about ADFAS?

.....

Enclosed is cheque/cash for \$ for full (\$118)/half year (\$59) membership *(please circle)*
plus \$20 joining fee.

PLEASE RETURN TO:
The Membership Secretary
P O Box 1918
BOWRAL 2576

Enquiries 4872 3400 or adfasbowral@bigpond.com