

20 Isaacs Avenue • PO Box 24 Yackandandah, VIC 3749 Australia

02 6028 0100

info@yackhealth.com.au

AD7. Application for Membership

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Address	I/We(Ful	ll Name/s)
Suburb Postcode Email Phone Hereby apply for membership of the Association. I/We understand that an Annual Membership Fee of \$10.00 (family) or \$5.00 (single) is payable before entry into the register of Members and each first July thereafter. Signature/s &		
Email Phone		
\$5.00 (single) is payable before entry into the register of Members and each first July thereafter. Signature/s &		
I, a member of the Association, nominate the applicant who is personally known to me, for membership of the association. Signature of Proposer Signature of Seconder Date/		
I, a member of the Association, nominate the applicant who is personally known to me, for membership of the association. Signature of Proposer Signature of Seconder Date/ Annual Membership Fee of: [] \$5.00 Single [] \$10.00 Family I, On Accepted by Committee Date of Meeting/	Signature/s &	
I,	Date/	
Association, nominate the applicant who is personally known to me, for membership of the association. Signature of Proposer Signature of Seconder Date / Date / On Accepted by Committee Date Date of Meeting / / Pate of Meeting / /	••••••	• • • • • • • • • • • • • • • • • • • •
known to me, for membership of the association. Signature of Proposer Signature of Seconder Date// Annual Membership Fee of: [] \$5.00 Single [] \$10.00 Family I, On Accepted by Committee Date of Meeting/		
Date/		
Annual Membership Fee of: [] \$5.00 Single [] \$10.00 Family I, On Accepted by Committee Date of Meeting// Receipt No	Signature of Proposer	Signature of Seconder
Annual Membership Fee of: []\$5.00 Single []\$10.00 Family I,	Date/	Date/
I,		
I,		
I,	Annual Membership Fee of: [] \$	5.00 Single [] \$10.00 Family
Accepted by Committee Date of Meeting/		
Receipt No		
Date Entered in Mellibership Register		
	Date Entered III Mellibership Register	











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