Application for Membership



Surname		First Name				
Address						
Suburb		F	ostcode			
Phone Home Mobile						
Email						
Date of Birth/						
Emergency Contact Name Contact			ct Number _			_
Category of Membership	Senior Member					
	Country Member					
	Junior member					
	Retired Member					
I,understand that should my	application be succes					
Signature of applicant			Date			
We, the undersigned, certif	y that the applicant fu	Ily understands th	ne requireme	ents of m	nembership.	,
Name of proposer			Date			
Name of seconder						
For Board of Directors use						
Probationary membership	approved		Date	/		_
Fees Paid (Treasurer)			Date	/		
Member Number 211	\	WWC Number				
Full membership approved			Date _			