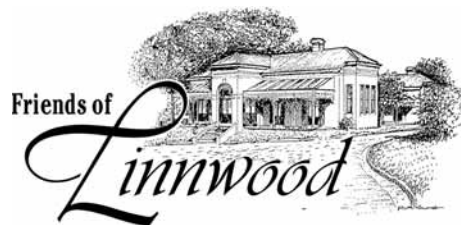


25 Byron Road
GUILDFORD NSW 2161



APPLICATION FOR MEMBERSHIP

I,
(full name of applicant)

of
(address)

hereby apply to become a member of the abovementioned association. In the event of my admission as a member, I agree to be bound by the rules, aims and objectives of the association for the time being in force.

I agree that my name and address may be forwarded to Holroyd City Council for the sole purpose of the Public Meeting minutes of the Friends of Linnwood being mailed to me.

.....
Signature of Applicant

.....
Date

Phone and/or fax no.

Mobile phone no.

Email address

Please tick box if you would prefer to receive information via email rather than by mail

Membership Fee - Ordinary - \$5.00

- Pensioner - \$2.00

Perpetual Membership is available for \$50.00..... (no concessions)

Donation (if applicable)

TOTAL:

Office use only: Membership No.

Receipt No.

Noted:
Membership List
Email List:
Name Badge

Friends of Linnwood Inc PO Box 361 Merrylands 2160 Phone 9632 9203

ABN 29 898 374 838 Email: linnwood@optusnet.com.au www.linnwood.holroyd.nsw.gov.au