



MEMBERSHIP NOMINATION FORM

I wish to apply for Membership to Woorinyan Incorporated, PO Box 773, Frankston for the period **1st July 20__ – 30th June 20__** at a cost of \$5.00 Entrance Fee and \$5.00 Annual Membership and declare the following details:

“PART A” Nominee:

Name:

Address:

.....

Postcode: Phone Number:

Signature:

Date:

“PART B” Proposer:

Signature: Name *(Please Print)*
Financial Member

Second:

Signature: Name *(Please Print)*
Financial Member

Office Use:

Date Received Receipt Number: