



APPLICATION FORM TO BECOME A MEMBER

(Please print clearly)

I,,
(Name)

of,
(Residential Address)

desire to become a member of Brighton Cemeterians Inc. (A0048578B)

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

.....
(Signature of Applicant)

.....
(Email address)

Date: / / 2007

ANNUAL MEMBERSHIP TO 30 JUNE 2007

(Please tick ONE ONLY)

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Single Adult - electronic newsletter by email (colour)
(a valid email address is required) | \$A10.00 |
| <input type="checkbox"/> | Single Adult - hardcopy newsletter by post (black & white) | \$A15.00 |
| <input type="checkbox"/> | Family - electronic newsletter by email (colour)
(a valid email address is required) | \$A15.00 |
| <input type="checkbox"/> | Family - single hardcopy newsletter by post (black & white) | \$A20.00 |

Yes, I would like to make a donation to the Brighton Cemeterians Inc! \$A _____

TOTAL: \$A _____

Please return this application form with your cheque or money order (no cash) made out payable to "Brighton Cemeterians Inc.":

Brighton Cemeterians Inc.
PO Box 8054
North Road LPO
EAST BRIGHTON VIC 3187 AUSTRALIA

