



PO BOX 156 BUDERIM QLD 4556
PH: (07) 5477 0945
FAX: (07) 5477 0946
Email: bwmca@bigpond.com
Website: www.bwmca.com.au

New Membership Application

APPLICANT'S FULL NAME: _____

DELIVERY ADDRESS: _____
_____ Postcode _____

TELEPHONE: *Home:* _____ *Work:* _____

E-MAIL ADDRESS: _____

- Please send my Newsletter via e-mail

TYPE OF MEMBERSHIP:

\$15.00 Single \$25.00 Family \$150.00 Life Membership (p.p)

Date of Application: _____

Signature: _____

Fee enclosed:

Receipt No: _____

The Association values your membership and thanks you for your support
for our community endeavours

The BWMCA carries Public Liability Insurance.

RENEWAL IS DUE JANUARY OF EACH YEAR
Please post to **PO Box 156 Buderim 4556** or bring to the OPO

OFFICE USE ONLY: