

APPLICATION FOR MEMBERSHIP OF FRIENDS OF ST KILDA CEMETERY INC

I,,
(name)

of,
(address)

desire to become a member of Friends of St Kilda Cemetery Inc.

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

..... Date

Annual membership to 30 June is A\$ 15.00

Please return this application form with your cheque or money order (no cash) made payable to "Friends of St Kilda Cemetery Inc" to:

Friends of St Kilda Cemetery Inc
PO Box 261
ST KILDA VIC 3183
AUSTRALIA

