

Application for New Membership

*Please enrol as new members of
Robertson A. & H. Society:*

(BLOCK LETTERS PLEASE)

Name(s): _____

Address: _____

Phone: _____

Email: _____

Names and dates of birth of
all children under 17 years of age:

ANNUAL MEMBERSHIP FEES:

- Adults: \$15.00 • Children (10-16yrs): \$5.00
- Children Under 10: Free

Signature of
Proposed Member _____

Mail completed form and payment to:

**THE SECRETARY,
P.O. BOX 3044,
ROBERTSON 2577**

OR

If you wish to email your membership application please contact Leesa Stratford
on 0411 537 600 to discuss payment method