

Woodlands Sanctuary Foundation Inc.

No. A0040624W

MEMBERSHIP APPLICATION FORM

Name of Applicant: _____

Address: _____

_____ P/code _____

Telephone No.: B/Hours: _____ A/Hours: _____

I hereby apply for Membership of the Woodlands Sanctuary Foundation Inc. I accept the principles upon which the Foundation is based and agree to be bound by the Memorandum and Articles of Association adopted by the members of the Foundation.

My payment of \$10 joining fee plus \$30, or \$40 in the case of family membership, for twelve months subscription, is enclosed. I understand that I will not be eligible for member discounts until I have been a member for 12 months.

Signature: _____ Date: _____

Proposer:

Name: _____

Signature: _____

Please print, complete, and mail to:

WOODLANDS SANCTUARY FOUNDATION
3 WOODLAND WAY
GRUYERE VIC. 3770
(03) 5964 9432