

Application for Membership

ABN 99 952 307 221

Your Personal Details:			
First Name		Last Name	
Your Contact Details:			
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Postal address			1
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Nominated by (financial member):	Seco	nded by (Financial member):	
Please nominate the address to which notices of the association should be sent (tick one of the options below):			
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Email address	Weymouth address	Pos	stal address
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Email completed Form to membership@weymouth.org.au or mail to 18-20 Major Street Weymouth, TAS, 7252