



Membership Application Form

ABN 27 431 474 030 – Registered Charity
PO Box 203, Ballan VIC 3342

To apply for membership of the Association, please complete and return this form in person or via email to secretary@ballan.org.au.

Membership of the Association is \$2.00 per year – the minimum an Association is required to charge for membership.

I, _____ of
(Full Name)

Address: _____

Town: _____ **State:** _____ **Postcode:** _____
Mailing Address
(if different to
above): _____

Apply for membership of the Ballan Autumn Festival Association Inc.

I agree to be bound by the rules of the Association.

Phone Number: _____ **DOB:** _____

Email Address: _____

Signed: _____

Date: _____

Proposed by: _____ **Signed:** _____

Seconded by: _____ **Signed:** _____

Official Use Only

Membership fee: \$2.00

Paid:

Received by: _____ **Signed:** _____

Entered into

Register:

Secretary: _____

