

## Membership Application Form

l,	(name)
of	
	(address)
desire to become a member Association.	per of Creative Clunes Inc. I support the purposes of the
In the event of my admiss Association for the time b	sion as a member, I agree to be bound by the rules of the peing in force.
Signature of Applicant	
Date	
Email Address:	
Please return to:	
Creative Clunes Inc.	
PO Box 287 Clunes 3370	
Or by email to: <a href="mailto:admin@crea">admin@crea</a>	ativeciunes.com.au

Your membership fee of \$25 is payable to Creative Clunes. Please advise by email upon payment of your membership fee so we can confirm it has arrived.

BSB 633 000 Account No. 134 520 824