



APPLICATION FOR VALLEY WATCH MEMBERSHIP

Name(s): Mr./Mrs./Ms. _____

Address: _____

Email(s) _____

Phone: _____ Mobile: _____

(Signature of applicant/s)

I _____
(Print Name)

a member of Valley Watch Inc. nominate the applicant, who is personally known to me, for membership of the Association.

(Signature of Proposer) Date: _____

I _____
(print name)

a member of Valley Watch Inc. second the applicant, who is personally known to me, for membership of the Association.

(Signature of Seconder) Date: _____

Annual Membership Fees: \$15 per person for first 2 adults at same address; \$5.00 per person at same address. (e.g. 2 adults & 2 children \$40.00)

DONATION \$ _____

Cash cheque Total amount: \$ _____

Any skills/special interests/knowledge you may be able to use for Valley Watch?

Correspondence preferred by: E-mail Post

SIGNATURE: _____ Date _____

*For Direct Deposit: Send to BSB 704-328, Valley Watch Inc. Member No. 825088
Instructions to your bank must include your name, and the words "VW Subs".*

Record your electronic receipt number here: _____

Admin only: Receipt Letter Added to membership list