

APPLICATION FOR MEMBERSHIP

1		
(Title ;.) (FULL NAME OF APPLICAL		
(In the case of an organization the Name of Orga		
OF (Address)		
(Suburb)	(Post Code)	
(Local Council)		
(Occupation)		
(Phone no. home)	(Phone no. business)	
(Fax number)	(E Mail address)	
apply to become a member of SA for which I have entered the substantial amember, I agree to be bound by	scription payable below, in the	e event of my admission as
(Signature of applicant) Membership Category Subsc	(Date) *Note Membership subje	ect to approval by the committee
3. 3	Amount palu	
Individual Membership	\$15.00	\$
Organisations (Institutions, corporations, Resident Group	\$30.00 No of members	\$
Donations		\$
Subscription fees are for the Financial	year ending 30 th June. TOTAL	: \$
Do you want to receive the SO	S newsletter by email instead	of post Yes / No
Can we contact you with offici	al SOS notices via email inste	ad of post Yes / No
Please make cheques payable to:	- Please return th	nis completed form to: -

Save Our Suburbs Inc. The Treasurer

Save Our Suburbs Inc.

P.O. Box 5042 Melbourne VIC 3001