

I,		of
Addr	ess:	
P.O. I	Вох	
Town	/Location:	Postcode:
Telephone:		Mobile:
Emai	il:	
	y to become a member of the Ch ne financial year 2019/2020	newton Bushlands Association Inc.
	• • • •	sociation as stated in the Rules of the admission as a member, I agree to be iation.
	I enclose my \$10 Annual Membership Fee payment I will post my \$10 Annual Membership Fee payment to Karen Baker, P.O. Box 60, Chewton 3451 I will pay my \$10 Annual Membership Fee payment by Direct Credit to:	
	Bendigo and Adelaide Bank BSB: 633 000 Account number: 143749968 Account name: Chewton Bushlands A Please list your name in the reference	
Signature of applicant		Date

Please fill in, save and return either

- this PDF document attached to an email to kamb@unimelb.edu.au
- or post to Karen Baker, P.O. Box 60, Chewton 3451