



**MELBOURNE PAF USERS GROUP INC.**

**A0032999Z**

**APPLICATION FOR MEMBERSHIP**

SURNAME: (Mr/Mrs./Miss/Ms/Dr)

\_\_\_\_\_

FORENAMES

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

Phone:

Occupation:

Email:

\_\_\_\_\_

I agree to my name being published in the Members Interest Lists      YES      NO

I, \_\_\_\_\_ of the above address, hereby apply for membership of the Melbourne PAF Users Group Inc., in the category of ordinary membership, and, if elected, affirm that I will abide by the Rules of the Association and By-Laws of the Group and will, to the best of my ability, support the Aims, Purposes and Objectives of the Group.

Enclosed: \$12.00 as payment for membership and newsletter posted

Enclosed: \$7.00 as payment for membership and newsletter by email.

(Signed)

Date

\_\_\_\_\_

Receipt Number:

Dated Received:

\_\_\_\_\_

**MAIL TO: SECRETARY/TREASURER, MELBOURNE PAF USERS GROUP INC., C/- 70 ROSEHILL RD.  
LOWER PLENTY, VICT. 3093**