



**EVA TILLEY MEMORIAL HOME INC.  
ABN 43 260282 081  
INC-A0023471V**

**MEMBERSHIP APPLICATION FORM**

I .....  
(Print full name of applicant)

Of.....  
(Postal address)

.....  
(Occupation).....

hereby apply to become a member to the above named Incorporated Association.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature  
Of Applicant..... Date.....

Email Address..... Phone.....

I would prefer to receive notices and correspondence By Post  By Email

I.....a member of the Association nominate the applicant for  
(Print full name) membership.

Signature.....Date.....

I..... a member of the Association, second the nomination of  
(Print full name) applicant.

Signature.....Date.....

**Membership fee for 2019-2020 is \$20. Payment methods: Cheques payable to Eva Tilley Memorial Home Inc.  
Postal address 1100 Burke Road, North Balwyn 3104 or EFT banking: BSB: 083-170 Account No. 5152 19 714  
Account Description: Surname\_Membership19**