



**EVA TILLEY MEMORIAL HOME INC.**

**ABN 43 260282 081**

**INC-A0023471V**

**MEMBERSHIP RENEWAL FORM**

I .....

(Print full name of applicant)

Of.....

(Postal address)

.....

(Occupation)\_\_\_\_\_

hereby apply to renew my membership to the above named Incorporated Association.

In the event of my renewal 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

**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**