



EVA TILLEY  
*Keeping Families Together*

**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.....

**Payment methods: - Please note payment will be required once membership is approved.**

- Cheques payable to Eva Tilley Memorial Home Inc.  
Postal: 1100 Burke Road, North Balwyn 3104 or
- EFT: BSB: 083-170 Account No: 5152 19 714  
Account Description: Surname\_Membership20
- To pay via Credit Card call 9859 9541