



MEMBERSHIP FORM

Please complete the form below and bring it with you to the next C.M.A.V. Club night along with your Annual Membership Fee of \$5.00

DATE: _____

NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

STATE: _____

PHONE NUMBER: _____

E-MAIL: _____

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OFFICE USE ONLY

MEMBERSHIP NUMBER: _____

If you have any issues or queries relating to this form please contact the C.M.A.V. Secretary, Jilly, at:

E-mail: ballarat_cmav@hotmail.com

Phone / Fax: (03) 5342 0361