



Application for Renewal of the
Association
Ballan & District Soldiers Memorial Bush
Nursing Hospital & Hostel Inc.

I, _____, of
(Name)

_____, Phone: _____
(Mailing Address)

_____, Mobile: _____
(Email Address)

Subscription Fee \$5.00 (Copy of receipt is required to be attached to renewal)

NB: Rules of Membership Memberships expire on the 1st of July annually

3.5 *A Member whose annual subscription is in arrears as at August 31st in any year shall be deemed to have ceased to be a Member but may re-join at any time on payment of any arrears of subscription. The Board may at its discretion waive the payment of such arrears.*

(Signature of Member) Date: ____/____/____

(Signature of Board Chair) Date: ____/____/____