

ASSOCIATE MEMBERS FORM

NAME:

POSTAL ADDRESS (Number and Street):.....

SUBURB: STATE: POST CODE:.....

CURRENT PHONE NUMBER(Home).....(Work).....
(Mobile).....

CURRENT EMAIL ADDRESS:.....

AMOUNT PAID: (FEE \$2.00) YES:..... DATE:.....

NOMINATED BY APPROVED

BANK DETAILS DIRECT DEPOSIT: BSB 084-462 ACC 572562295

Please note: All associate members to complete

This form can be sent to this address

Club Secretary
SAFC Inc
P O Box 587
Southport BC QLD 4215