



VICTORIAN BLOKART ASSOCIATION INC.
C/- 7 Dunraven Crt, Langwarrin, 3910
Phone: 03 9775 8343

APPLICATION FOR MEMBERSHIP

I, _____
(name and occupation)

of _____

(address)

VICTORIAN BLOKART ASSOCIATION INC.

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

I, _____, a member of the Association, nominate the applicant for membership of the Association.

Signature of Proposer

Date

I, _____, a member of the Association, second the nomination of the applicant for membership of the Association.

Signature of Secunder

Date