

**COOTAMUNDRA A.P.H. & I ASSOCIATION INC.**

**APPLICATION FOR 2010 MEMBERSHIP**

PLEASE PRINT:

Name: (Mr/Mrs/Miss): .....

Address: .....

Postcode: ..... Phone: .....

**Family Membership: \$16-00**

**Single Membership: \$8-00**

(Cross out which does NOT apply)

See rules and regulations for concessions. Cut out and forward with membership fee to:

Secretary: Cootamundra APH & I Association Inc.

PO Box 407

COOTAMUNDRA NSW 2590

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