



APPLICATION FOR MEMBERSHIP

Name:

Address:

..... POSTCODE PHONE

Email:

I agree to support the aims and objectives of the Bendigo Alliance and abide by its rules.

..... /...../2020

SIGNATURE

- Membership fee of \$10 to accompany this application
- EFT
Account: Bendigo Alliance Incorporated
Bank: Commonwealth Bank
BSB 063 880 Account No. 10279985
Reference: Your name

RETURN COMPLETED FORM TO:

The Bendigo Alliance PO Box 327 Golden Square 3555 or email bendigogovhub@gmail.com

DATE RECEIVED / / / ADMITTED TO MEMBERSHIP / / /