

**FRIENDS OF FEDERATION WALK Inc**

**Membership Application @ \$5 p.a. per person (renewal AGM March)**

**Date:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Signed** \_\_\_\_\_

**AGE:** (If under 18) \_\_\_\_\_

**POSTAL ADDRESS/CHANGE OF ADDRESS:**

\_\_\_\_\_

**PHONE/MOB/EMAIL:** \_\_\_\_\_

**AMOUNT:** \$ \_\_\_\_\_

*Return on Community Day or mail to P.O. Box 634, Main Beach, 4217*