Application for Membership of U.K.V. Community Association inc.

***PO Box 87, Tawonga South. 3698***

I, (*name/group)*.....................................................................................................................................................

of *(address*)...............................................................................................................................................................

 *(email address)*...................................................................................................................................................

 *phone*............................................................................

desire to become a member of the Upper Kiewa Valley Community Association.

As a member, I agree to be bound by the rules of the Association for the time being in force.

**Annual Fees – September to August**,

 $10/Household or $15/Group, Organisation or Business

Signature of Applicant.......................................................

Date...................................................