U.K.V. Community Association inc.

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

**Application for Membership**

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

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

**Email Address:** ..................................................................................................................................................

**Telephone**: ...........................................................................

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

**Annual Fees – September to August**

 $10.00 — Household or $15.00 — Group/Organisation/Business

**Name of Applicant:** *(sufficient to just type your name***)** .....................................................................

**Date**: ...................................................