

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,

\$5/household or \$10/group

Signature of Applicant.....

Date.....

UpperKiewaValley
Community
Association
INC.



PO Box 87
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Victoria 3698

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Inc No A0058325E

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