**Wimmera Bird Club Inc.**

Membership Application form

Please make payment to:

**The Treasurer**

**Wimmera Bird Club**

**P.O. Box 639**

**Horsham VIC 3402**

Or to the treasurer at any club meeting.

Surname: ……………………………………………………………………………

Given Name: ………………………………………………………………………

Address: …………………………………………………………………………….

Suburb/Town: ………………………………………………………………Post code......……

Telephone: ………………………………………… Mobile: …………………………………………………

Membership fee $15

Date: ……………………………………

Signature ……………………………………………………………..

Email address: ………………………………………………………………………………………………………………………………

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**Receipt** (Office use only)

Received From: ……………………………………………………………………….Date: ………………………………………….

For .......... Wimmera Bird Club Membership

$ ..............................

Signature………………………………………………………