

Waverley Camera Club Incorporated.

Registered Number A0023863S
www.waverleycameraclub.org
Postal address PO Box 501
Mount Waverley, Vic 3149

Application for Membership

Last Name (family name):

Given Name:Preferred Name:

Residential address:,

Email address:

Mobile: Home:

If under 18 years of age, DOB:/...../..... (a Working with Children legal requirement)

I hereby apply for membership of the Waverley Camera Club, Incorporated. I agree to be bound by the Club's Rules of Association and any by-laws. <https://www.waverleycameraclub.org/about/>

Signature:

Date:

Membership payment method:

- Online Banking - **BSB: 033526. A/C: 103937**. Please use your name as a reference and also **email this completed form to membership@waverleycameraclub.org**

Membership fees:	General	\$70 calendar yr.
	Seniors/Concession	\$60 calendar yr.
	Full time student	\$20 (under 25yrs)
	If you join between July and Sept	Half calendar year rate.
	If you join between Oct and Dec	Calendar yr. rate – also covers the subsequent subscription year.

For more information, please email:
membership@waverleycameraclub.org

office use only:

Treasurer:

Subscription received / / .

Membership list updated / / .

Assigned Member No.:

Grading: