



ACV/GARDS Inc. Membership Form

Name.....
 Address.....
 P/Code.....
 Telephone.....Email.....
 Occupation.....

ACV/GARDS NEW MEMBERS Joining Fee **\$5.00 PLUS**

ACV/GARDS Annual Subscription 20__

- 1. Concession (Pensioner/unemployed) \$5.00
- 2. Full Rate (employed) \$15.00

Upon my admission as a Member, I agree to be bound by the rules of ACV/GARDS Inc.

Signature.....Date.....

Please return to ACV/GARDS Inc. with payment, PO Box 111, MOE, Vic. 3825

Office Use Only

I....., a Member of the ACV/GARDS Inc. nominate the Applicant for Membership of the Association

Signature of Proposer.....Date.....

I....., a member of ACV/GARDS Inc., second the nomination of the Applicant for membership of the Association.

Signature of

Signature of
 Seconder.....Date.....