

APPLICATION FOR MEMBERSHIP
OF
THE EAGLEHAWK DAHLIA & ARTS FESTIVAL INC

I
(Full Name of Applicant)

of (Street)
..... (Town) (Postcode)

Phone

Mob.....

Email.....

make application to join the Eaglehawk Dahlia & Arts Festival Inc

In the event of my admission as a member, I agree to support the purposes of the Association and comply with its rules.

.....
Signature of Applicant

.....
Date

Nomination accepted by the committee.

Date.....

Secretary

Please email to daliaandarts@gmail.com