

# APPLICATION FOR MEMBERSHIP OF FRIENDS OF ST KILDA CEMETERY INC.

.....  
.....

(name)

of.....,  
(address)

desire to become a member of Friends of St Kilda Cemetery Inc.

In the event of my admission as a member, I agree to be bound by the rules of the  
Association for the time being in force

..... Signature of Applicant

..... Date

Annual membership to 30 June is A\$ 15.00

Please return this application form with your cheque or money order (no cash)  
made payable to "Friends of St Kilda Cemetery Inc" to:  
Friends of St Kilda Cemetery  
Inc PO Box 261  
ST KILDA VIC 3182  
AUSTRALIA

