



Spinning stories, weaving dreams.

Wollongong Spinners & Weavers

wollongongspinnersandweavers@gmail.com

MEMBERSHIP APPLICATION FORM

Name			
Address (incl postcode)			
Mobile no.		Home phone no.	
Email address			
Date of birth			
Next of kin name and phone no.			

I, _____
(Full name of applicant, please print)

hereby apply to become a member of **Wollongong Handweavers & Spinners Group Inc.**
In the event of my admission as a member, I agree to be bound by the rules of the Group.

Signature of applicant

Date

Member of the Group nominating applicant		
Signature:		Date:

Privacy Act: Please indicate if you wish to have your name and address listed on the membership list	Yes	No
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Date of first day of attendance _____

Working with Children Check: _____ Number & Expiry Date _____

Membership Fees \$35: Date Paid _____ Receipt No (for cash payment) _____

Direct Deposit details

Wollongong Handweavers and Spinners Inc.
BSB 641800
A/C 200018651



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Ref: Fees + your name