

## wriends of Mays Hill Cemerez MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

| Name: (Mr/ Mrs/ Miss/ Ms):   |  |
|------------------------------|--|
| Address:                     |  |
|                              |  |
| Email:                       |  |
| Phone:                       | Mobile:  |
| Fee: \$                      | 65.00  |
| Donation:                    |  |
| Total:                       |  |
| Please make cl               | heques payable to: Friends of Mays Hill Cemetery   |
| And post to:                 | Membership Secretary Friends of Mays Hill Cemetery P.O. Box 883, Parramatta NSW 2124       |
| Direct Credit:               | The Friends of Mays Hill Cemetery<br>Bendigo Bank<br>BSB: 633-000 Account No. 2014 50657   |
| · ·                          | er name to the Direct Credit and forward completed form to the ecretary via post or email. |
| Email: topptours@bigpond.com |  |
| Any enquiries:               | Phone: Membership Secretary - Kerima-Gae 0428 284 275                                      |