## Westernport Action Group





## Membership Application

I/We,	
Of	
	.StatePost Code
hereby make application to join the Westernport Action Group Incorporated and agree to abide by the rules and regulations of the group.	
Type of Membership applied for:	Single (\$10.00) Family (\$20.00) Strike our which is NOT applicable
(Proposer & Seconder must be a financial member of the Name and Signature of Proposer	ne group)
Name and Signature of Seconder	
Signature of Applicant	Date
Printed Name and Address of Application	ant Telephone:
Office use only	
Received by:	Date Received:
Date Processed:	Date Ratified:
Date Advised:	