

FRIENDS OF SKELETON HILL INC.

Membership Application

Name _____

Address _____

Telephone Number

Home _____

Work _____

Mobile _____

Email _____

Membership

\$10 – Single

\$15 – Family

Donation - \$ _____

Signature

Please post to

'Friends of Skeleton Hill'
PO Box 35
Chiltern VIC 3683

Please indicate if you would like a receipt

Yes

No