

Membership Application Form

I, _____, of
(full name)

(address) (suburb) (postcode)

Email: _____

Phone Number: _____
(home) (mobile)

Wish to become a member of Creeds Farm Living and Learning Centre Inc (CFLLC). I support the purposes of CFLLC and in the event of my admission as a member, I agree to be bound by the rules of CFLLC.

Signature _____ / ____ / _____

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