



LATROBE VALLEY EISTEDDFOD MEMBERSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

- I wish to:
- (a) become a member of the Association; and I agree to
 - (b) support the purposes of the Association; and
 - (c) comply with the Rules of the Latrobe Valley Eisteddfod association.

SIGNATURE: _____

DATE: _____

Office use only

- Personal details recorded in membership register
- Membership dues paid
- Added to email listings
- Has linked their Working With Children Check Card to us