

APPLICANT DETAILS

Title: Mr. Mrs. Ms. Miss. Other

First Name: _____

Surname: _____

D.O.B. _____ / _____ / _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Occupation: _____

Telephone: _____ (h) _____ (w)
_____ (mob)

Email: _____

NOMINEE'S DECLARATION

I, _____
(nominee) hereby wish to apply for membership to
PRONIA.

Signed: _____ Date: _____ / _____ / _____

PROPOSER'S DECLARATION

I, _____
(proposer) being a financial member of PRONIA would hereby
like to nominate _____
(nominee) for membership to the
PRONIA.

Signed: _____ Date: _____ / _____ / _____

Please send completed applications to:

The Secretary
PRONIA
7 Union Street, Brunswick VIC 30 56

Membership Fee: **\$20.00** inc. GST

Students/Pensioners/Unemployed: **\$2.00** inc. GST