**The Avicultural Society of the Central Coast Inc**

**Meets every Fourth Friday of the Month at 8pm**

**CLUB WYONG, Anzac Avenue, Wyong**

**MEMBERSHIP FORM**

**Full Membership: $25 per year**

**Family Membership: $30 per year**

**Junior Membership: Free under 16 yrs**

**Membership is due on 1st January each year**

**Name/s……………………..………………..…………………**

**Address……………………………………..…………………**

**Post Code………….....…Phone…………..…………………**

**Email…………………………………….………………………**

**Post to: The Avicultural Society of the Central Coast Inc**

**PO Box 4116, LAKEHAVEN NSW 2263**

**Payments can be made at monthly meeting or by EFT to:**

**Acct Name: Avicultural Society of the Central Coast Fee Saver**

**BSB: 082574**

**Acct No: 170770331**

***Office use only:***

**Receipt Number: …………………..………Date Paid: ………………**

**PLEASE USE FORM WHEN MAKING PAYMENT**