



# Friends of the Old Bega Hospital Inc

## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any skills that would be useful to the Friends of Old Bega Hospital - fundraising, building, submission writing, landscaping etc?

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

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Receipt for membership of the Friends of Old Bega Hospital

Paid \$10. Date \_\_/\_\_/\_\_\_\_ (please circle) cash/cheque/direct

deposit. Cheques and completed forms to 182 Newtown Road,

Bega, 2550. Direct deposit BSB 641800 A/c 200669857.

Direct deposit reference: \_\_\_\_\_