

NASEBY



vision incorporated

Membership Application Form

Name: _____

Main Postal Address: _____

Naseby Address: _____

Telephone Number: _____

Email: _____

If you wish to contribute your skills and knowledge to Naseby Vision (Inc) projects at some time in the future, please list your community interests and experience:

Signature: _____ Date: _____

Nominated and approved by current Naseby Vision (Inc) committee members on receipt of this completed form.

Please return to:

The Secretary
Naseby Vision (Inc)

P O Box 79

NASEBY 9354

Or: nasebyvision@gmail.com