

Maltese Welfare (NSW) Inc.

P.O. Box 656, Merrylands NSW 2160

Name: _____

Address: _____

Telephone No:
Home: _____
Other: _____

Email: _____

** I hereby apply to become a financial member of The Maltese Welfare (NSW) Inc. and agree that if my application is approved, I will be bound by the Rules and Regulations currently in force.*

Signature of Applicant: _____ Date: _____

Nominated by: _____ Date: _____

Seconded by: _____ Date: _____