



**APPLICATION for MEMBERSHIP
to the BATHURST EISTEDDFOD SOCIETY INC.**

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PAID: **YES / NO**

RECEIPT NO.: _____

Please attach \$20 membership and forward to:

**The Secretary
PO BOX 452
BATHURST NSW 2795**

or

Applications accepted at Bathurst Eisteddfod AGM