



APPLICATION TO JOIN SKYLINE WALKERS INC.

I, wish to join Skyline Walkers Inc.

I agree to abide by the rules, regulations and guidelines of the club.
I agree to have my contact details made available to other members.
(Strike out if not applicable)

..... Date/...../.....
(Signed)

Details: Please print.

Name

Preferred name

Address

.....

Tel no Mobile

Email

Note: Once you have completed this form please bring it along to one of our Saturday morning walks or email a scanned copy to skyliners@outlook.com.au. If you haven't yet paid your membership fees, details will be provided to you when we receive this form.