



Friend of Savannah Guides Member Application

Name: _____ Application Date: ____/____/____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Phone 1: (____) _____ Mobile: _____

E-mail: _____

I wish to become a Friend of Savannah Guides as:

An individual

An enterprise - Trading Name: _____

Description of business: _____

Please describe why you want to join Savannah Guides:

I enclose fees as follows for the remainder of the current financial year:

Friends of Savannah Guides Individual	\$ 90
Friends of Savannah Guides Enterprise	\$ 215
Total Fees Payable:	\$ _____

*Fees must be submitted with this application, either by cheque or by direct deposit into our bank account:
Savannah Guides Limited BSB: 034-167 Account: 47-1141*

I have read the Savannah Guides Mission Statement and agree to pursue these objectives through participation in the organisation. I agree to abide by Savannah Guides Membership conditions as interpreted by the Board, and certify that the information contained within this application is true and accurate.

Applicant's Signature: _____ **Date:** ____/____/____

Thank you for your application. We will be in contact soon.

Russell Boswell, Manager, Savannah Guides Limited