



friends of mount alexander diggings

Please return it to:

The Secretary
FOMAD Inc
P.O. Box 125
Castlemaine, 3450

| Application for membership of FOMAD Inc | |
|--|-----------|
| Name: | |
| Address: | |
| | |
| Phone: | |
| eMail: | |
| Membership (\$2 joining fee + \$5 annual fee) \$7 | \$ |
| Donation: | \$ |
| Membership fee is for the current financial year | |
| Signed: | |
| Date: | |