



2019 Membership Application form

NAME	
ADDRESS	
EMAIL	
PHONE	

Are you already being sent our weekly emails? Yes / No (please circle)

New Member / Member from 2018 (please circle)

Would you be willing to help us as a volunteer? Yes / No (please circle)

WFS USE ONLY

Membership Number 19 / _____

Receipt Issued _____/19

Ticket Voucher Issued Y / N