



## Associate Membership Form

Member Information		
Surname:	First Name:	
Business Name: (If applicable)		
Email:	Mobile/Direct Phone:	
Address Line 1:		
Address Line 2:		
Suburb:	State:	Postcode:
Mailing Address (if different from above)		
Address Line 1:		
Address Line 2:		
Suburb:	State:	Postcode:

The Hunter Culinary Association Committee reserves all rights to approval of applications.  
Upon acceptance, I agree to being invoiced \$125 per annum membership fees.

Signature:	Date:
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