



NAME: _____

EMAIL: _____

WEBSITE: _____

PHONE: _____

ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

Make my contact details available to other guild members YES NO

Associate Membership \$150 p.a.

By paying your membership fee and signing below you are hereby agreeing to abide by the rules and conditions of the Australian Knifemakers Guild Incorporated as set out in the AKG Constitution available at www.akg.org.au

(Signature)

(Date)

Your membership can be paid using the following ways:

Email the form to office@akg.org.au;

Mail to: PO Box 684, Nowra NSW 2541

Direct Deposit- BSB: 063593 Account#: 10115891

Please leave your name in the reference section for identification purposes. Please send a copy of this form, completed and signed to office@akg.org.au

Cheques and Money Orders made payable to "Australian Knifemakers Guild"