



**APPLICATION FOR MEMBERSHIP OF TIMELINE FESTIVAL INC.**

I, \_\_\_\_\_ of \_\_\_\_\_

*(Full Name)*

*(Address)*

Wish to become a Member of Timeline Festival Inc.

In the event of my admission as a member, I agree to support the purposes of the Association and to be bound by the rules of the Association for the time being in force.

**Contact Details**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you currently a member of a re-enactment group? If so please list groups below.

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Who is your primary membership with? \_\_\_\_\_

Do you have public liability insurance organised? (i.e. ALHF membership) Yes / No

**Signature of Applicant**

Date:

**Please return to: The Secretary, Timeline Festival Inc. 90 Terrys Ave, Belgrave Vic 3160**