



**STORYFEST INCORPORATED
NEW MEMBER FORM**

I wish to become a member of StoryFest Inc., and agree to pay \$1 joining fee and \$2 annual fee within 28 days (bank details will be provided).

FIRST NAME	
LAST NAME	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	
EMAIL ADDRESS	
PHONE	
DATE OF BIRTH	

Signed

Date

Please send this completed form to info@storyfest.org.au, marked attention to the Secretary.