

**NTGFIA
MEMBERSHIP RENEWAL FORM**

I wish to renew my membership of the NTGFIA

NAME (BLOCK LETTERS)	SIGNATURE + LICENCE NUMBER
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ADDRESS	
EMAIL	TELEPHONE

In approximately 50 words please supply details of your business for posting on the Association's website
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Please return this form together with your \$10 renewal fee to the
Executive Officer
NTGFIA
PO Box 1313
Nightcliff NT 0814