

BULLS MUSEUM

BULLS AND DISTRICT HISTORICAL SOCIETY INC

Become a Volunteer

Thank you for your interest in becoming a member of the Bulls Museum.

Please provide us with your name and contact information and we will get in touch with you.

First Name:

Last Name:

Address:

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Phone:

Fax:

E-mail:

When are you available

Mornings

Afternoons

Date:

Signature:

Print off this form and once all information has been completed, please mail to 81 High Street, Bulls 4818

If you have any questions please don't hesitate to call us on **06 322 1681** or email **bulls.museum@gmail.com**