



APPLICATION FOR MEMBERSHIP Coast Ward Ratepayers' Association Inc.

Name: _____
Address: _____
Suburb: _____ Post Code: _____
Phone: _____ Mobile: _____
Email: _____

Annual Association Membership for the calendar year is \$10 per member.
Any additional support would also be appreciated.

	(tick box)	(GST inclusive)	
Annual Membership Fees	\$10		New Member / Renewal (please circle)
Additional Funding Support	\$50	\$100	Other \$ _____
Total Payment	\$ _____	Date Paid:	_____

Payment can be made by EFT (or deposit at any Commonwealth Bank) to:

Account Name: Coast Ward Ratepayers Association Inc.
BSB: 066 129
Acc No: 0090 2416

Please complete the membership form and return via;

Email: info.cwra@gmail.com

Please indicate (tick the box) how you have paid your membership

I have paid my membership via EFT

I have made a deposit at the bank (CBA)

I have enclosed a cheque

Office Use:

Proposer:

Date:

Seconder: