

# Warrandyte Community Association Inc.

C/- P.O.Box 75, Warrandyte 3113

## MEMBERSHIP APPLICATION FORM

New Membership \_\_\_\_\_ Renewal \_\_\_\_\_ (tick one)

To become a WCA member /s please fill out this form and send with your payment (\$10.00 pa) per person . Membership falls due after the June AGM. Please list all family members over the age of 16.

Full Names .....  
.....  
.....  
.....  
.....

Of .....  
Full address

Telephone (Home).....(Bus).....(Mobile).....

As a resident of Warrandyte, I desire to become a member of the Warrandyte community Association Inc. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force and that I am over the age of 16 years. I understand that I need to be a Financial Member of the Association to be entitled to vote.

.....  
(Signature of Applicant/s) (Date)

## RECEIPT OF NOTICES

E-MAIL ADDRESSES are very important to us. If you have one please **print clearly**, as emailing notices is, by far, the most economical and quickest way for us to communicate with you. We will not share your email address with any other organization.

E-mail .....

Postal .....