



Warrandyte Community Association Inc.
INC A0042350W

C/- PO 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 (\$A10.00 pa) per person. Membership falls due after the June AGM.

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

Of.....
.....(include your full address)

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

As a resident of Warrandyte, I wish 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(s) 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