

Mount Victoria Community Association Inc.

----- Membership Form ----- application/renewal *(please circle)*

Annual fee payable of \$20 on the 1st of July each calendar year

MR/MS/MRS (FULL NAME OF APPLICANT) (BUSINESS/ASSOCIATION NAME if applicable)

ADDRESS POSTCODE

I hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

SIGNATURE OF APPLICANT DATE

HOME PHONE MOBILE

EMAIL ADDRESS

DO YOU POSSESS ANY SKILLS/QUALIFICATIONS WHICH COULD BE HELPFUL TO OUR ASSOCIATION?

Direct deposit details **BSB: 062 507 Account Number: 0090 1069**

Please return form with payment to:
Mount Victoria Community Association Inc. 16a Ailsa St, Mount Victoria NSW 2786
Or email to: mountvictoria.nsw@gmail.com
or hand deliver to our monthly meeting, third Monday of the month.



www.mountvictoria.org.au
ABN: 33506122576

Priorities Pride Progress

Date paid: _____

Date banked: _____

Receipt #: _____