



**HEATHRIDGE
RESIDENTS'
ASSOCIATION INC.**
A Great Place to Live

MEMBERSHIP APPLICATION FORM

(Household/Organisation or Individual - Optional)

Member Register

Please note: All information recorded in this shaded section is open for inspection, as per the rules of the Associations Incorporation Act (1987).

Nominated Representative (must be 18 or over):

Please be advised: Only this person is entitled to vote on behalf of the household or community organisation or business. The City of Joondalup require the HRA to supply a register of its members (complete with address) for Public Liability Insurance also, when using C

Surname/Family Name:

First Name:

Middle Name:

Please tick which is applicable:

Resident and/or Residential Landowner

Representative of a community organisation, company or business**

** Name of organisation: _____

** Please provide confirmation that you have permission to act on behalf of this community organisation, company or business.

Residential/Business or Community Organisation's Address:

Post Code:

Postal Address:

Post Code:

Email Address:

The HRA's preferred method of correspondence is via email. If this is not suitable to you, please advise us here.

Telephone:

Areas of Interest & Concerns:

I wish to pay the following Membership Fee:

\$ 5 - One Year

Payment options:

* Cash, dropped at the below address or paid at next general meeting,

* Cheque made payable to *Heathridge Residents' Association*,

* Direct credit to bank account *BSB: 306-113, A/C: 056-587-7*.

Please send a remittance advice via email or fax. Details below.

The completed form can be sent to:

The Secretary, Heathridge Residents' Association Inc.
C/- AABA Accounting & Business Administrators
Suite 1, Unit 4, 48 Winton Road,
JOONDALUP WA 6027

Or: Emailed to: info@heathridgeresidents.com.au

Or: Faxed to: 9300 2412