



City of South Perth Residents Association Incorporated

MEMBERSHIP APPLICATION FORM

(Please ensure both Sections A and Sections B have been completed)

SECTION A Applicant's Details:

Surname: Title:

First Name:

Residential Address:

..... Post Code:

Postal Address:

..... Post Code:

Phone No: Email Address:

Signature of Applicant: Date:/...../.....

SECTION B Nominating Member's Details:

Name:

Residential Address:

..... Post Code:

Signature of Member: Date:/...../.....

If available, use the "Fill & Sign" feature in the Adobe Reader to type in your details

Preferred communications method (indicate as applicable): Email ☐ Post ☐

If you are able to assist the Association in any way, please advise your areas of interest or abilities

Committee ☐ Specific Area Sub-committee ☐ General / Occasional ☐

On acceptance of this application an Annual Membership Fee (to 30th June) of **\$10.00** is payable to the Treasurer of the City of South Perth Residents Association Incorporated. Details will be emailed to you on acceptance of your application.

Email this form to: secretary@southperthresidents.com

Note: All residents and ratepayers of the City of South Perth are eligible to become members of the Association. However City Councillors and State Government Members of Parliament are not permitted to be members of the Association's management committee.

Office Use Only: Date received:	Application accepted:
--	-----------------------------