



# Application for Membership

## HOUSEHOLD

### PERSONAL INFORMATION

Names of adults in household applying for membership

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Household address \_\_\_\_\_

Contact Phone No \_\_\_\_\_

Contact Email \_\_\_\_\_

Your application for membership implies your agreement to abide by the rules and constitution of the Aubin Grove Community Association Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_

You can pay your joining fee of \$5 electronically: BSB 066 202 Account Number 10234339

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### OFFICE USE:

Membership fee paid \_\_\_\_\_

Receipt No \_\_\_\_\_

Proposed \_\_\_\_\_

Seconded \_\_\_\_\_

Signed \_\_\_\_\_

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