



MEMBERSHIP APPLICATION

Name: Home Tel: Mobile:

Residential Address:

Postal Address (if different to above):

E-mail Address:

Declaration:

I hereby give Harvest Lakes Residents Association Inc. permission to use my e-mail address for the purpose of sending me Agendas & Minutes of Meetings, and any other information relevant to the Association.

Signature: Date:

Please tick applicable boxes:

Membership Fee: \$10.00 per annum: OR \$25 for 3 years:

Paid by: Cheque/Cash: OR Paid by online credit transfer to:

Harvest Lakes Residents Assoc. Inc.
P & N Bank, BSB 806-015, A/C 01943930

Form/payment may be handed to any Executive Member of HLRA or

mail to: Harvest Lakes Residents Assoc. Inc., P O Box 3152, Success, WA6969

HLRA Use only:

Payment received and receipt issued:

Membership No.