



Application for Membership **HOUSEHOLD**

PERSONAL INFORMATION

Names of adults in household applying for membership

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 325 185 Account Number 03760082

OFFICE USE:

Membership fee paid _____

Receipt No _____

Proposed _____

Seconded _____

Signed _____
