

## North Arm Cove Rate Payers Association Annual Membership / Renewal Form

Membership is effective on **1 July** following payment of my membership fee.

TITLE:		
FULL NAME:		
NAC ADDRESS		
(Proof of ownership must		
accompany membership form)		
Email Address:		
For Correspondence		
Phone Number:		
I have read and agree to the NACRPA Constitution		
SIGNATURE:		

## PAYMENT

- Payment must be made within 28 days after receipt of this application.
- Membership fees are non-refundable unless the application is declined.
- Membership is not transferable

New Membership	F	Renewal of membership
Payment of \$15.00 is to be made to:	Account Name: BSB: Account No: Description: Remitter Name:	North Arm Cove Rate Payers Assoc 082-356 264591879 NAC Membership Fee Full Name

Please send the following to <a href="mailto:nacrpa@gmail.com">nacrpa@gmail.com</a>

- completed form,
- proof of ownership
- copy of your receipt of payment

Please note: Membership will not be accepted if proof of ownership is not provided.

Thank you Renate Tuano Secretary/Treasurer, NACRPA