

SunRRA Membership Application Form

Title: Mr / Mrs / Miss / Ms / Dr / Prof / None (please circle your preferred title)

First name and Family name: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home telephone: _____ Mobile telephone: _____

Email address: _____

Please tell us how you relate to the Sunshine area? (Tick all that apply)

- Resident Ratepayer I work in the area I am a student in the area I operate a business in the area
 Other, specify _____

How would you like to be contacted about meetings, news and events?

- Email Phone Ordinary mail Other, specify _____

Are you interested in actively helping the Association achieve some of its aims?

- Yes, I'd like to help Maybe, I'm not sure No, sorry not at the moment

Do you have skills, knowledge or a talent for something that might help the Association? If you have, let us know about it:

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.....

We value your privacy and aim to observe current State and National Privacy laws.

Do you give permission to be contacted by a SunRRA Committee member about relevant local issues?

- Yes No Not sure, I need more information

Membership Fee - It costs only \$5.00 to join.

You can mail cheque payments to: SunRRA, PO Box 1071, Robinson, 3019

ABN: 68 574 787 924 (SunRRA is not registered for GST)

- I enclose a cheque / money order for \$5.00
 I have paid cash to a SunRRA Committee member
 I am not a wage earner and cannot afford the \$5.00 (other donation accepted or payment can be deferred)
 Receipt required (please tick if a receipt is required)

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I hereby agree to abide by the adopted Rules of the Sunshine Residents and Ratepayers Association Inc,

Signed: _____ (Person applying for membership)

Date: _____