

Houghton Hub Membership and / or Renewal Form

All prospective members of the Houghton Hub are required to complete this registration form.

Indicate any change. Membership runs from October 1st – September 30th.

<i>(circle)</i>	(a) NEW MEMBERSHIP	(b) RENEWAL	(c) CHANGE / ALTERATION
	Membership number for renewal or change if known: <input style="width: 80px;" type="text"/>		

DATE OF APPLICATION: _____ day / of _____ Year: _____

PROPOSED BY:		Signature: _____
Membership No:		
SECONDED BY:		Signature: _____
Membership No:		

SECTION 1: MEMBER CONTACT INFORMATION *PRINT ONLY*

FULL NAME: (Mr, Mrs, Miss, Ms.) _____

ADDRESS 1: _____
(Street address required)

ADDRESS 2: _____

SUBURB: _____

POST CODE: _____ EMAIL: _____

POSTAL ADDRESS: _____

PHONE: HOME: _____ MOBILE: _____

SECTION 2: MEMBER TYPE & PAYMENT DETAILS *(no pro-rata rates)*

MEMBER TYPE:

- FULL MEMBER:
- JOINT VENTURE MEMBER:
- AFFILIATE MEMBER:
- ASSOCIATE MEMBERS:
- LIFE MEMBERS:
- HONORARY MEMBER:
- CASUAL MEMBER:

MEMBERSHIP DUES - ANNUAL

\$ -
\$ -
\$ -
\$ -
NIL
NIL
\$ -

PAYMENT METHOD: CASH / CHEQUE DIRECT DEBIT

Bank detail: BSB: 633-000 Account Number: 163 534 878

Name: Houghton, Inglewood & Hermitage Memorial Park Inc.

I, _____ support the objects of the association and agree to be bound by its rules and further confirm I am over the age of 18

Signature of applicant: _____

Office use only:

PAYMENT MADE:

DATE: _____

Amount: _____

ACCEPTED BY THE BOARD:

yes /

no

AT MEETING DATED: _____

Entered in members register:

yes /

no

Date: _____