NEW MEMBERS APPLICATION FORM



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

This form is an Expression of Interest only. It does not guarantee that you will be offered a membership. The Houghton Hub Board reserves the right to decline this Expression of Interest.

FULL NAME: \_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE CONTACT: Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. (Objects may be found on our website “houghtonhub.au” under the constitution)

SIGNATURE: DATE:

\*PROPOSED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: DATE:

\*SECONDED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: DATE:

\* MUST BE CLASSIFIED FULL MEMBERS

MEMBERSHIP RUNS FROM OCTOBER 1ST – SEPTEMBER 30TH. (no pro-rata rates)

PAYMENT METHODS: EFT OR CASH - *EFT PAYMENT PREFERRED*

BANK DETAILS:

BENDIGO BANK - BSB 633 000

ACCOUNT NUMBER 163 534 878

ACCOUNT NAME: HOUGHTON, INGLEWOOD & HERMITAGE MEMORIAL PARK INC.

OFFICE USE ONLY

TYPE OF MEMBERSHIP:

AMOUNT DUE: $0.00 DATE PAID: METHOD PAID:

ACCEPTED BY THE BOARD: YES / NO AT MEETING DATED:

ENTERED IN REGISTER: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_