

BYRON BAY COMMUNITY ASSOCIATION INCORPORATED

APPLICATION FOR FULL MEMBERSHIP

I, [Please print]----- [full name of applicant]

of ----- [address]

[Occupation]----- [phone]-----

[mobile]----- [email]-----

hereby apply to become a full member of the Byron Bay Community Association Incorporated. In the event of my admission as a full member, I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant ----- Date -----day of -----20-----

NOTE : NOMINATION SECTION WILL BE COMPLETED BY BBKA OFFICE

I, -----, a full member of the association nominate the applicant, who is personally known to me, for full membership of the association.

Signature : ----- Date : -----day of -----20-----

I, -----, a full member of the association second the applicant, who is personally known to me, for full membership of the association.

Signature : ----- Date : -----day of -----20-----

FEEs: \$5. Please return your Application Form and payment to BBKA office. Payment can be made by cheque via mail, cash or credit card in person at office, or credit via phone. Please indicate if you wish to pay by credit card via phone YES/ NO and a member of staff will contact you for your card details. [Do not attach card details to this form]

Byron Bay Community Association,
PO Box 309, Byron Bay, NSW 2481