

**BYRON BAY COMMUNITY ASSOCIATION  
INCORPORATED  
ANNUAL MEMBERSHIP RENEWAL**

NAME:

ADDRESS:

PHONE:

MOBILE:

EMAIL:

Hereby, request to pay my annual membership fee of the Byron Bay Community Association Incorporated.  
I agree to be bound by the rules of the association for the time being in force.

SIGNATURE:

DATE:

**FEES: \$5. Please return your Membership Form and payment to BCCC 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 for your card details. [Do not attach card details to this form]**

**IT IS IMPORTANT TO NOTE THAT THE BBCA MEMBERSHIP YEAR IS FROM JANUARY 1 TO JANUARY 1, SO IF YOU HAVE NOT RE-JOINED THIS CALENDER YEAR YOU ARE NOT A FINANCIAL MEMBER**

**BYRON BAY COMMUNITY ASSOCIATION INC ABN: 69627365180  
69 JONSON STREET BYRON BAY PO BOX 309 BYRON BAYP: 02 6685 6807 F: 02 6685 7830**

E: [INFO@BYRONCENTRE.COM.AU](mailto:INFO@BYRONCENTRE.COM.AU) W: [BYRONCENTRE.COM.AU](http://BYRONCENTRE.COM.AU)

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