



MEMBERSHIP APPLICATION FORM

I agree to abide by the rules of the CRCGA Association and wish to become a member:

First Name: _____ Last Name: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile Number: _____ Landline: _____

Email: _____

Annual Membership Fees:

- | | |
|---|---|
| <input type="checkbox"/> Individual - \$20 | <input type="checkbox"/> Family - \$30 |
| <input type="checkbox"/> Individual concession - \$15 | <input type="checkbox"/> Family concession - \$25 |
| <input type="checkbox"/> Community Organisation - \$100 | <input type="checkbox"/> Business/Government agency - \$150 |

Note: Annual membership and plot renting fees are due on the 1st of July each year.

Concession: You must hold and present a current health care, Senior or Student card to qualify for concession.

- Annual plot renting fee (optional and only on availability) : 2.4M x 1.5M - \$60

Payment Type:

- Cash
- Direct Deposit (Reference: Your surname)

BSB: 533 000 Account Number: 218347 – S11 (please note that S is the letter S)

Signature: _____ Date: _____

New members are approved by the Committee

FOR OFFICE USE ONLY

Date received application: ___/___/___ Plot Number: _____

Committee Member's Signature: _____