

Membership ApplicationName **Mr. Mrs. Ms. Other**

Address

Postal Address

Telephone Nos.

Email Address Fax No

Annual Membership Fee \$.....

Donation (optional) \$.....

Total Enclosed \$.....

Is a receipt required? Yes / No (Please circle)

Schedule of Fees

	1 Year Fee	2 Year Fee
Individuals	\$12.00	\$20.00
Couples	\$18.00	\$32.00
Affiliated org/group	\$25.00	\$44.00
Child 15-18	\$5.00	\$8.00
<i>Please indicate a 1 or 2 year payment</i>		

I agree to be bound by the rules of the Association.

Dated Signature

I _____, a member of the above Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer _____ Date _____

I _____, a member of the above Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder _____ Date _____

*Note: Please return the completed form leaving the proposer and seconder sections blank if you are unable to complete them.*The membership year is 1st July to 30th June (or until the AGM). Please make cheques payable to Macedon Ranges Residents' Association Inc and post to P.O. Box 183, Gisborne, 3437. An application made after 1st January but before 1st July will be eligible for a pro-rata rate of half the annual subscription fee for that period.**Thank you. Your membership in the Association is valued.
Your commitment to and support for MRRA purposes does make a difference.**

IMPORTANT! The information in this form will be used to compile and maintain a membership register that may be inspected by members. Please place a cross (X) in the appropriate boxes below to indicate if you do NOT wish the indicated information to be made available.

 Address Phone Numbers Email address Other (please indicate on back of this form)

Please sign: _____ Date: _____