

River Heads Progress Association

45 Ariadne Street

River Heads Qld 4655

ABN 18 340 548 481

www.riverheads.org.au



MEMBERSHIP APPLICATION

Membership Fee \$20 per person Due annually on July 1st

Family Name / s _____

First Name _____ **D.O.B. (D)____(M)_____** For publication in Review? Please circle **Y N**

Occupation _____ **Mobile number:** _____

Partner's Name _____ **D.O.B. (D)____(M)_____** For publication in Review? Please circle **Y N**

Occupation _____ **Mobile number:** _____

Wedding Anniversary (D)____(M)_____ For publication in Review? Please circle **Y N**

Other family members & relationship _____

RESIDENTIAL ADDRESS

House No _____ Street _____

Suburb _____ State _____ Post Code _____

POSTAL ADDRESS IF DIFFERENT TO ABOVE ADDRESS

CONTACT DETAILS

Home Phone (If applicable): _____

Your email contact: _____

Partner's email contact (If different): _____

I hereby agree to abide by the RHPA Constitution and Rules

Signed _____ Date _____

We are required in accordance with our legislative requirements to advise all members that we hold public liability insurance to the extent of \$10,000,000.

Full membership is only available to those over 18. Children 18 years and over are not covered by parents' application.

The River Heads Review will be delivered monthly to your email address. We may also send information to your email, postal address or phone about the progress association, its sub-committees and clubs or their supporters.

Do you wish to receive the River Heads Review and/or any other information?

River Heads Review YES _____ NO _____

Any other information YES _____ NO _____

Office notes

Membership paid _____ Partner _____ Amount Paid \$ _____ Cash / Chq _____ Receipt No _____

Name / Signature of Committee Member Taking Money _____ Receipt Date _____