APPLICATION FOR MEMBERSHIP FOR WHANGATEAU RESIDENTS AND RATEPAYERS ASSOCIATION INCORPORATED

| 1. | Name: | | |
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| 2. | Occupation: | | |
| 3. | Date of Birth: | | |
| 4. | Phone Numbers: | Home:/Business: | |
| 5. | Email: | | |
| 6. | Resident – Ratepayer – (delete one) | | |
| 7. | Qualifying property address within Whangateau area of membership: | | |
| 8. | Duration of period of residence at, or ownership of, qualifying address: | | |
| 9. | Permanent Residential Address: | | |
| 10. | Name of co-ratepayer/co-resident member of 7 above (if any): | | |
| | I apply in my capacity as residen I undertake to be bound by the A I certify the information given about | I apply in my capacity as resident/ratepayer (delete one). I undertake to be bound by the Association's Constitution I certify the information given above is correct at the date of this application | |
| | Applicant for Membership | MEMBERSHIP: \$10 per person per year. Please return your form and money to Kathie Walker at 514 Leigh Road, Whangateau. Thanks! | |