

MEMBERSHIP FORM

NOOSA SHIRE RESIDENTS & RATEPAYERS ASSOCIATION INC

PO BOX 94, NOOSA HEADS, QLD 4567.

EMAIL: noosaratepayers@gmail.com

NAME

FIRST LAST.....

RESIDENTIAL ADDRESS

.....

POSTAL ADDRESS

.....

PHONE NUMBER

.....

EMAIL ADDRESS

.....

All personal information will be kept private.

I wish to apply for membership of Noosa Shire Residents and Ratepayers Association Incorporated.

If accepted I agree to abide by the constitution and rules of Noosa Shire Residents and Ratepayers Association Incorporated.

I am a permanent resident or ratepayer of the Noosa Shire.

If accepted I agree to pay the membership fee. (Financial Year: 1st July to 30th June).

I agree that when taking part in any activity conducted by Noosa Shire Residents and Ratepayers Association Incorporated I do so in a voluntary capacity in all respects, appreciating that Noosa Shire Residents and Ratepayers Association Incorporated or its officers cannot accept any liability or responsibility for any accident or injury to myself however incurred.

NOMINATED BY *(Member of the Association)*

Name: Signature:

SECONDED BY *(Member of the Association)*

Name: Signature:

DATE ACCEPTED Signature: