**MEMBERSHIP APPLICATION FORM**

The Executive Committee, Scarborough Beach Association Inc.

I hereby make application for membership to the Scarborough Beach Association Inc. In the event of my acceptance by the Association, I agree to abide by the Constitution and Rules of the Association.

Pursuant to the Constitution my application is made as a **BUSINESS / RESIDENTIAL / EMPLOYEE** application, and my details are as follows:

**Applicant’s Surname:**

**Given Names:**

**Registered Business Name (If Any):**

**Nature of Business:**

**Position Held:**

**Postal Address:**

**Tel Wk:** **Fax:** **Other:**

**Email Address:**

**Home Address:**

**Date of Birth:**

**SIGNATURE:** **DATE: / /**

**PLEASE PAY WITH APPLICATION: (Please tick which membership is applicable)**

RESIDENTIAL MEMBERSHIP or $66.00 ($33 + $33 nomination fee (NF)

EMPLOYEE MEMBERSHIP IF EMPLOYER IS A MEMBER or $66.00 ($33 + $33 (NF)

EMPLOYEE MEMBERSHIP IF EMPLOYER IS NOT A MEMBER or $132.00 ($66 + $66 NF)

BUSINESS MEMBERSHIP $264.00 ($132 + $132 NF)

All charges include GST \_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL $**

 \_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT OPTIONS**:

Direct Deposit (EFT) to Commonwealth Bank of Australia

BSB: 066 122 Account No: 10041123

Scarborough Beach Association Inc.

Please reference “MEM-*surname*” when making a payment

**OFFICE USE ONLY:** We the undersigned, being members of the Scarborough Beach Association Inc. hereby nominate the above for membership of the Association.

Proposer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Seconder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved on \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Member No. SBA (No)\_\_\_\_\_\_\_\_\_\_\_(MTH)\_\_\_\_\_\_\_(YR)\_\_\_\_\_\_\_