 **Bullsbrook Residents and Ratepayers Association Inc**

**Membership Application Form**

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| **Name:** |
| **Bullsbrook Address:** |
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| **Postal Address (if different from above)** |
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| **Phone: Mobile:** |
| **Email:** |
| **I agree to abide by the Rules of the organisation and acknowledge that I cannot speak on behalf of BRRA without permission in writing from the Committee** |
| **Membership fee paid? Y/N** |
| **Signature of applicant:** |
| **Date:** |
| **Committee use only****Application approved: Y/N Meeting date:** |
| **Membership is $11pa ($10+gst). Payment can be made into BRRA Bendigo Bank Account:****BSB 633000, A/C No. 139454375. Please use your surname as a reference. Please bring your completed application form to a BRRA meeting or post to PO Box 513 Bullsbrook 6084** |