



**MEMBERSHIP APPLICATION**

Annual membership fee \$10 for period 1 to 30 June 2020

New Member

Renewing Member

List all family members to be included in this family membership, include ages of children to assist with event planning.

Name:

Name:

Name:

Child Age:

Name:

Child Age:

Name:

Child Age:

Telephone:

Mobile:

Current address:

Suburb: MERIDAN PLAINS

State: QLD

Post Code: 4551

Email:

**SIGNATURE OF NEW MEMBER**

**KaFRA does not have Public Liability Insurance.**

**Should you or your family members listed on this application wish to join in activities organised by KaFRA, you do so acknowledging and voluntarily accepting the level of risk normally associated with that activity.**

Signature of applicant:

Date:

**COMMITTEE MEMBER NOMINATORS SIGNATURES**

Nominated by (Name):

Signature:

Date:

Seconded by (Name):

Signature:

Date:

**OFFICE USE ONLY**

Receipt number:

Date:

Date of meeting application approved:

Date entered on database

Initials:

**CONNECT WITH KAFRA**

**Website:** [www.kafra.org.au](http://www.kafra.org.au) **Facebook:** Kawana Forest Resident's Association Inc. - KaFRA

**DIRECT DEPOSIT DETAILS**

Kawana Forest Residents Association: BSB 633 000 Account Number 134076280