



MEMBERSHIP APPLICATION FORM

I/We hereby apply for membership of The Australian Residents A.I. Association and also agree to abide by the rules and regulations laid out in the Memorandum of Association.

- Family: AUD 20.00 for 1 year
- Pensioners & Students: AUD 10.00 for 1 year
- Single: AUD 10.00 for 1 year
- Life membership: AUD 250.00 per individual (does not include a spouse)

Payment: Enclosed is my Cheque OR Paid by EFT \$..... (Please Circle one)

Banking Details are as follows:
 Account Name: ARAIA
 Bank Name: Commonwealth Bank of Australia
 BSB: 062 004
 A/C #: 10037988

NEW MEMBERSHIP / RENEWAL (Please Circle)

NAME:.....
 (please print) Surname First Name

NAME OF SPOUSE:.....
 (please print) Surname First Name

ADDRESS:

P/C:..... PHONE NO:.....MOB PH. NO.

EMAIL:

DATE:.....SIGNATURE:.....

For family membership, please list dependent children name and date of birth.

NAME: DATE OF BIRTH:

Assigned Membership No..... Note: Memberships are renewed in January.

Please return completed forms and subscriptions to:

**Ms C Conquest
 Membership Secretary
 PO Box 3051
 North Strathfield NSW 2137**