



## MEMBERSHIP APPLICATION FORM

Complete and send this form to:

The Treasurer  
Piha Ratepayers and Residents' Association  
CMB 55 PIHA  
Waitakere 0646

**Membership type** (please tick):

Full member:           \$10

Associate member    \$10

(To be able to join you must be a Resident or Ratepayer of Piha, or you can join as an Associate Member, but will not be entitled to vote at any meeting)

**Personal Details:**

NAME.....

POSTAL ADDRESS:.....

.....

EMAIL:.....

PIHA ADDRESS:.....

**Payment** (please tick):

CHEQUE  or DIRECT CREDIT

\$10.00

DONATION

TOTAL:

\_\_\_\_\_

Please make cheques out to Piha Ratepayers and Residents' Association.  
Direct credit to Bank ac. no. **12-3051-0262370-00** with your name as reference.  
If a new member or details have changed, please post or email membership form.