MEMBERSHIP RENEWAL / APPLICATION FORM

Complete and send this form to:

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

Membership is for one year, from 1st November to 31st October the following year.

Membership type (please tick):

Full member: $10 ☐ per Member

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:.....

….....

PHONE NUMBER(S) .....

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.