



Membership Form

I,

[full name of applicant]

Address:

Phone: email:

hereby apply to become a member of the BHPA. In the event of my admission as a member, I agree to be bound by the constitution of the BHPA for the time being in force.¹

.....

Signature of applicant

Date

Names of Associate Members included in this application:

.....
.....
.....

Would you like to share any special skills or interests with us?

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.....

Annual fee \$15:00 per household can be paid via Direct Deposit: Regional Australia Bank, BSB 932-000, Account Number 500031361. Please use your surname as the reference. Or in person at the Bonny Hills Post Office, or mail to PO Box 44 Bonny Hills 2445.

¹ As per the 2016 Legislation, this application for membership must be approved by the BHPA Committee.