Mount Compass Community Association Inc.

Application for Membership

Name (print): _____

Physical Address: _____

_____ SA _____

PO Box: _____ Location: _____

Email: _____

Phone: _____

I reside in the greater Mount Compass area and agree to support the objects of the association and to be bound by its rules. Tick the box to agree to these terms: ☐

Signed: _____

Name of member proposing membership: _____

and signature: _____

Name of member seconding: _____

and signature: _____

A joining fee is payable of a minimum of $5.00 per household.

Payment can be made to:
Mount Compass Community Association Incorporated
BSB: 633000 Account Number: 211735386

Please use your family name as the reference.

Please tick here that you have made the payment: ☐

On completion, either scan or photograph this form and email to:
sandyreimerink@gmail.com

For committee use:

Amount Paid: _____ | Committee acceptance: | Date: