



Residents Against Richmond Valley Incinerator Inc

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www.norichmondvalleyincinerator.org

Application for Membership of RARVI

Please note we require every new member to the organisation to be supported in their application by at least two existing members.

APPLICANT DETAILS

Title:			
Surname:			
Given Names:			
Street Address:			
Suburb:		Postcode	

I, _____ (PRINT full name of applicant), hereby apply to become a member of 'Residents Against Richmond Valley Incinerator Inc.' In the event of my admission as a member, I agree to be bound by the Constitution and any rules of the Association that are in place at any given time.

Please complete the following

- I agree with the objectives of the Incorporated Association
- I agree to pay the one-off Membership Fee of \$10.00 and the Annual Incorporation Fee of \$10.00

I DO / DO NOT (Circle one) wish to receive information from 'Residents Against Richmond Valley Incinerator Inc.' (e.g. Notification of member meetings & AGMs, meeting minutes, upcoming events, membership renewal, Office Bearer and Committee vacancies, general notices etc.) by

Email (Please PRINT clearly)	
Text/Voice (Mobile)	
As I do not have email or mobile phone, please contact via (Landline)	

Signature of applicant

Date

Thank you for your interest in Residents Against Richmond Valley Incinerator Inc.