**MEMBERSHIP FORM**

**Resident 1**

Title       First name            Last name

Phone no.

Email address

**Resident 2**

Title       First name            Last name

Phone no.

Email address

Street Address

**Village**

**MEMBERSHIP FEE**  Single $10 /year or Couple $15 /year

**INTERNET BANKING**

Account name ACTRVRA

BSB number 082 926

Account number 18101 1672

Insert your initial, surname and village in the bank reference to identify your payment.

**CHEQUE**

Make your cheque payable to ACT RVRA

**NOTE your payment details here:**

Payment method                $           Date

**POST** your completed membership form (and cheque if drawn) to:

ACT RVRA
PO Box 229
Woden ACT 2606.

**DO YOU HAVE VALUABLE SKILLS?**

Do you have experience or skills that could be used to support the Association such as accounting; bookkeeping; IT skills; fund-raising; strategic planning; minute taking?

If so, please describe: