

Avalon Preservation Trust

incorporated as
Avalon Preservation Association Inc.



APA membership application

I, (name)

Address:.....

Occupation:

Phone: Email:

hereby apply to become a member of the Avalon Preservation Association Inc. I agree to be bound by the provisions of the APA Constitution if accepted.

Signed: Date:

I, (name) a member of APA, nominate the applicant for membership of APA.

Signed: Date:

I, (name) a member of APA, second the nomination of the applicant for membership of APA.

Signed: Date:

I am happy for my APA bulletin to be emailed rather than mailed. Please circle one: Yes / No

The cost of individual membership is \$10 per year or \$25 for 3 years renewable on 30 June annually.

I also wish to donate \$ to the **APA Fighting Fund**. I understand that the purpose of the Fighting Fund is to allow members and others to support specific campaigns of concern to Avalon residents.

1. Please mail this form with total payment to Avalon Preservation Association Inc., P.O. Box 1 Avalon Beach 2107, or

2. Scan and email this form to **avalonpreservationa@gmail.com** indicating the amount of money you have paid by bank transfer to **Westpac Avalon Preservation Association Incorporated BSB 732-095 Account 07-0127**