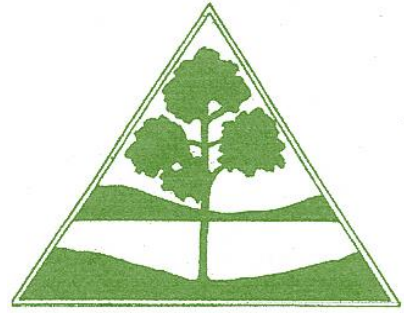


# Avalon Preservation Trust

incorporated as

## Avalon Preservation Association



# Application to renew membership

I, (name) .....

Address: .....

Phone: ..... Email: .....

hereby apply to **renew** my membership in the Avalon Preservation Association.  
I agree to abide by the provisions of the APA Constitution.

Signed: ..... Date: .....

The cost of **membership in APA** is \$10 per year or \$25 for 3 years, renewable on 30 June.

### APA Fighting Fund

The purpose of the Fighting Fund is to allow members and others to support specific campaigns of concern to Avalon residents. Donations are optional.

### Payments

Membership fee	1 year	\$ 10	<input type="checkbox"/> Tick one
	or 3 years	\$ 25	<input type="checkbox"/> Tick one
Fighting Fund	Amount:	\$ _____	<input type="checkbox"/> Donation optional
<b>Total</b>		<b>\$</b>	

1. Either **mail** this form with total payment to Avalon Preservation Association, PO 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 transfer to **Westpac BSB 732-095 Account 07-0127 Avalon Preservation Association Inc.**