

Avalon Preservation Trust

incorporated as

Avalon Preservation Association



Membership application

I, (name)

Address:.....

Phone: Email:

hereby apply for membership in the Avalon Preservation Association. I agree to abide by the provisions of the APA Constitution if accepted.

Signed: Date:

I, a member of APA, **nominate** the applicant for membership of APA.

Signed: Date:

I, a member of APA, **second the nomination** of the applicant for membership of APA.

Signed: Date:

The **cost of APA membership** is \$20 per year or \$50 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.

I also wish to donate \$ to the Fighting Fund.

Payment

1. Either **mail** this completed form with total payment to Avalon Preservation Association, PO Box 1 Avalon Beach 2107, or
2. Take a clear picture or scan of the completed form and email to **avalonpreservation@gmail.com** indicating the amount of money you have paid by transfer to **Westpac BSB 732-095 Account 07-0127 Avalon Preservation Association Inc.**