

Brooklyn Community Association, Inc

Associate Membership Form 2024/25

Full Name: _____

Partner's Name: _____

Address: _____

Mobile _____

Email: _____

Nominated by member: _____

I wish to become an Associate Member of the Brooklyn Community Association, Inc. and agree to abide by its Rules.

Associate Membership is available for people who are not residents/ property owners of Brooklyn and not appointed representatives of a business in Brooklyn, who wish to participate in the association's activities. Associate members must be nominated by a member of the Association, must be approved by the committee and notified to the membership at the next general meeting. Associate members do not have voting rights in the Association.

Associate Members' actions are covered by the Association's public liability insurance while involved in the Association's activities. Public liability insurance does not cover personal liability or loss/damage to personal items.

Annual membership is \$10 per financial year.

Payment by cash at a meeting, Paid - fundraising@brooklyncommunity.org.au or by direct deposit to BSB: 633000 Account: 129357182 (please include your surname)

Application forms can be emailed to secretary@brooklyncommunity.org.au with CC to treasurer@brooklyncommunity.org.au.

Signed _____

Date _____

BCA Associate Membership Form 2024-2025 V1