

Brooklyn Community Association, Inc

Membership Form 2024/25

Full Name: _____

Partner's Name: _____

Address: _____

Mobile: _____

Email: _____

Nominated by BCA Member: _____

Brooklyn Business: _____

I wish to become a Member of the Brooklyn Community Association, Inc. And agree to abide by its Rules. Members must be residents or property owners of Brooklyn or must be an individual who is the appointed representative of a business in Brooklyn. Annual membership is \$10 per financial year and covers all members in your household.

Payment by cash at a meeting, Payid - 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 Membership Form 2024-2025 V1