



MEMBERSHIP APPLICATION FORM

Mr Mrs Ms Dr

Full Name:

Address:

Suburb: Post Code

Contact Phone: Email:

Are you over the age of 18 years?

Association with South Hobart: Resident: Student: Visitor:

Land or Property Owner: Address:.....

Working in South Hobart: Employer's or Company Name:

Signature: Date:

Subscription:

(The Association offers three "membership" options) Please tick

Three Years \$5 Lifetime \$20 Lifetime \$30
Single Couple

Lodgment: Your completed application form can be lodged at the South Hobart Post Office or at the monthly meeting of the Association, (second Wednesday of each month) along with your subscription.

[Acceptance: The Association's Constitution requires that the Executive must approve all memberships. In the unlikely event that your application is refused, your fee will be refunded.]

Membership enquiries: 6223 3149 or dhalsrogers@gmail.com

OFFICE USE ONLY

Membership Approved: Yes No Date:

Amount of subscription received: \$..... Receipt No

Membership Number

Exe Officer Name: Signature:

PO Box 200 South Hobart TAS 7004

www.shpa-inc.org.au

+61 3 6223 3149