

**FAIR HAVEN**

AGED CARE HOME & RETIREMENT VILLAGE

MEMBERSHIP APPLICATION FORM

Applicant 1 First Name		Surname	
Applicant 2 First Name		Surname	
Address:			
Suburb		State	Postcode
Email		Phone #	
Current member of the Free Reformed Church of			
<input type="checkbox"/> I understand that membership is free, but in order to meet the budget requirements as presented at the recent Annual General Meeting, the requested minimum recurrent donations are presently set at \$15.00 per week or \$7.50 per week for pensioners and students. These amounts are reviewed annually.			
I commit to donating a minimum of		<input type="checkbox"/> \$15/week (Full Member) <input type="checkbox"/> \$7.50/week (Pensioner) <input type="checkbox"/> \$7.50/week (Student)	
Commencement Date		/ /	
Payment Method	<input type="checkbox"/> Direct Transfer Free Reformed Retirement Village Association Inc BSB: 066 131 Acc 00944914 <input type="checkbox"/> Cash	Payment Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other
<input type="checkbox"/> I/We agree to abide by the Free Reformed Retirement Village's Constitution (https://www.fairhaven.asn.au/constitution-rules/)			
<input type="checkbox"/> I/We declare that I am a /we are current member(s) of the Free Reformed Churches of Australia			
Signature Applicant 1		Signature Applicant 2	
Date		Date	

Online form available here: <https://www.fairhaven.asn.au/membership-application-form>

Please return form by Email members@fairhaven.asn.au
 Post PO Box 226 Armadale WA 6112
 In Person 15 Pine Tree Close, Armadale WA

Admin – Membership approved by: _____ Signed _____ Date _____