

**FAIR HAVEN**

AGED CARE HOME &amp; RETIREMENT VILLAGE

**MEMBERSHIP APPLICATION FORM**

<b>Applicant 1</b> First Name		Surname	
<b>Applicant 2</b> 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 \$23.00 per week or \$11.50 per week for pensioners and students. These amounts are reviewed annually.			
I commit to donating a minimum of		<input type="checkbox"/> \$23/week (Full Member) <input type="checkbox"/> \$11.50/week (Pensioner) <input type="checkbox"/> \$11.50/week (Student)	
Commencement Date		/ /	
Payment Method	<input type="checkbox"/> Direct Transfer <b>Free Reformed Retirement Village Association Inc</b> <b>BSB: 066 131</b> <b>Acc 00944914</b> <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 ( <a href="https://www.fairhaven.asn.au/constitution-rules/">https://www.fairhaven.asn.au/constitution-rules/</a> )			
<input type="checkbox"/> I/We declare that I am a /we are current member(s) of the Free Reformed Churches of Australia			
Signature <b>Applicant 1</b>		Signature <b>Applicant 2</b>	
Date		Date	

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

Please return form by    Email    [members@fairhaven.asn.au](mailto: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 \_\_\_\_\_