

RMCA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name

Date of Birth

Mobile Phone

Other Phone:

Residential Address

Post Code

State:

Email:

I herein make application to join the Rhodes Multicultural Community Association (RMCA)

I agree to comply with the rules of the Association.

SIGNATURE:

I have enclosed Membership Fees of (Tick one)

\$10 for One Year

\$30 for three years

\$50 for Five years

PAYMENT METHOD

Bank Transfer: Commonwealth Bank

Bank Account Name: RMCA

BSB: 062 475

Account: 10127479

Please use your name as reference when you make transfer

Cheque payment can be made to RMCA C/- 520/89 Shoreline Dr, Rhodes, NSW

EXISTING MEMBER ENDORSEMENTS

Your Application for Membership of the RMCA needs to be nominated and seconded by existing RMCA members.

If you do not know members of the RMCA, please send your Application and we will contact you.

Member 1:

I confirm I am a member of the RMCA and herein nominate the above applicant for Membership of the RMCA

Signature:

Member 2:

I confirm I am a member of the RMCA and herein nominate the above applicant for Membership of the RMCA

Signature:

Authorised by Yuehan Zhang Secretary/ Treasurer RMCA

RMCA_secretary@outlook.com