



ANNUAL MEMBERSHIP APPLICATION

Membership: Individual (\$10) Family (\$25) Group/club (no cost) Organisation (\$25) Business (\$50)

Individual / Family / Group / Organisation / Business Name: _____

Position (if applicable): _____

Address: _____

Phone number: _____

Email: _____

Age Demographic: 15-17 18-34 35-49 50-64 65+

Tell us a little about yourself (the person completing this form):

* **Do you live permanently in the region?** _____

* **If so, how long have you lived in the region?** _____

* **Do you own, rent or other?** _____

* **Are you a tourist or visitor?** _____

* **If so, what brought you to this region?** _____

Do you have any special skills, knowledge or qualifications? _____

(Even if you're not using them right now?)

Do you have a current BLUE CARD (working with children check)? YES / NO

Do you agree to join our PRIVATE Hearts of Agnes Facebook group to communicate with other members, engage in activity planning and receive updates?

* **Available for residents of Agnes Water regional community only *** YES / NO

If you are a group, organisation or business - do we have your permission to use your business name and/or logo in promoting you locally for free? YES / NO

** Heart of Agnes is a platform for creating community partnerships, & a launchpad for local good works that foster Community Spirit. We come together THROUGH UNITED AGREEMENT to help ACQUIRE COMMON RESOURCES, ADVOCATE FOR COMMON CAUSES & PROVIDE STRONG LOCAL LEADERSHIP on important issues to us all. Together through this unified platform we demonstrate the power of Community Spirit in Action.*

Do you (or your family, group or business) agree to work together with Heart of Agnes members, through our shared good works & common goals? YES / NO



Heart of Agnes Community Association Inc.

Community Spirit in Action!

PAYMENT OPTIONS

*** Bank Transfer**

Heart of Agnes Community Association Inc.
Bendigo Bank
BSB: 633-000
ACC: 194 928 925

** Please email or text payment confirmation to support@hoaca.org.au*

OR

*** CC#:** _____ **EXP:** ____ / ____ **CSV:** ____

Name on Card: _____

OR

*** Please find enclosed**

\$_____ Cash

Signature: _____

Date: _____

EMAIL this completed form to: support@hoaca.org.au

or

POST to: PO BOX 733 Agnes Water QLD 4677

or

Bring it to: any of our free Monthly Network Meetings!

*** Membership with the Heart of Agnes Community Association Inc.** will commence on the date above, to be renewed in 1 year. A reminder will be sent to you close to this time.

*** Privacy Statement.**

The personal information you have provided Heart of Agnes Community Association Inc. is stored securely and will never ever be shared with anyone!