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| **SECRA Membership/ Membership Renewal Application** | | | | | | | | | | | | |
| Name | | | | | | | | | | | | |
| Family members | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| Preferred contact telephone number | | | | | | | | | | | | |
| Email | | | | | | | | | | | | |
| **Annual Subscription** – please type **X** in the appropriate box | | | | | | | | | | | | |
| Individual $20.00 | | |  | Family $30.00 | | | |  | Associate $20.00 |  | Donation | $ |
| **Payment** – please type **X** in the appropriate box | | | | | | | | | | | | |
| Cheque |  | Money Order | | | |  | Payable to: South East City Residents Association  Mail to: The Treasurer, SECRA PO Box 7017 Hutt Street  Adelaide SA 5000  Email: [secra.sa@gmail.com](mailto:secra.sa@gmail.com) | | | | | |
| EFT (Electronic Funds  Transfer) | |  | | | Account name: South East City Residents Association  BSB: 105 148 Account number: 024 710 940 Please include your initials and surname as the payment reference | | | | | | | |
| **By completing, dating and returning this form to SECRA by email** [**secra.sa@gmail.com**](mailto:secra.sa@gmail.com) **or post you agree to the following**:  If applying for Member or Family Membership: I confirm that I reside in the area covered by the South East City Residents Association.  I support the Objects and Objectives of the Association and agree to abide by the rules in accordance with the Association’s Constitution.  **Date**: | | | | | | | | | | | | |