



**Netherlands Retirement Village Association
of Queensland Incorporated**

APPLICATION FOR ASSOCIATION MEMBERSHIP

I / We _____
(First Name/s) (Surname)

Address _____
_____ Post Code _____

Email: _____

Phone: h) _____ m) _____

Wish to apply for membership with the Netherlands Retirement Village Association Incorporated. I / We enclose the fee of **\$15.00** per person (inc. GST) or **\$25.00** per couple (inc. GST) for my / our first 12 months subscription.

Please be advised that membership cards will not be issued. Please retain receipt for proof of membership.

Signature of applicant(s) _____

MOVED BY FINANCIAL MEMBER (1)

MOVED BY FINANCIAL MEMBER (2)

(Name)

(Name)

(Signature)

(Signature)

**** For this application to be processed, all information must be completed, including signatures by current financial members.***

Pease forward all correspondence to: The Secretary, PO Box 913, Capalaba Qld 4157