

**Murrumbateman Community Association Inc. (MCA)**

**19 East Street, Murrumbateman NSW, 2582**

**Email:** **s****ecretary@murrumbateman.org.au**

**Tel: (02) 6227 5895 ABN: 71 920 635 074**

**APPLICATION FOR MEMBERSHIP/RENEWAL**

The Murrumbateman Community Association Inc. (MCA) is a voluntary, not for profit, community-based association operating in the Murrumbateman and region in New South Wales. It is an overarching body that assists community members to conduct their activities with appropriate legal and statutory cover, representation and other support.

**MPA Staff Signature/Initials:** …………………

**1. GENERAL INFORMATION**

**Name: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Mobile:**

**Date:**

MEMBERSHIP YEAR:

**2. MEMBERSHIP TYPE** New Membership Membership Renewal

**OTHER AFFILIATION:**

**(Optional)**

Field Days Menshed

ACCWS

Market

**3. PAYMENT DETAILS**

**Membership Fee:** $20.00 including GST

**Date of payment: / /**

**Cash:** In person at 19 East Street, Murrumbateman NSW, 2582

**Direct Deposit:**

**BSB:** 032 771

**Account Number:** 229897

**Reference:** [Name] MPA Membership

**OFFICE USE ONLY**

**Date:**

**Paid:** Yes / No

**If NEW member, membership accepted:** Yes / No

**MCA Membership/Renewal Form**