

Leigh Creek Residents and Ratepayers Association Inc.

MEMBERSHIP REGISTRATION FORM

I, _____
Insert Full Name

of _____
Insert primary address for communication.

Leigh Creek Address: _____
If different from above.

Email: _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

To become a Member of the Leigh Creek Residents and Ratepayers Association Inc. You **MUST** meet at least one of the following criteria. *(Please tick at least one box)*

- 18 years of age and a Resident of Leigh Creek*
- Owns real Property within the Township of Leigh Creek*
- Operates a Business from a premises within the Township of Leigh Creek*

Signature: _____ Date: _____

Please forward completed Membership Registration Form to the secretary.

Leigh Creek Residents and Ratepayers Association Inc.
PO Box 5
Leigh Creek
SA, 5731

Email: lcrésidentsandratepayers@gmail.com

OFFICE USE ONLY

Member Approved: Yes No Member Number: _____

Approved By: _____

Signature: _____ Date: _____