

COROMANDEL PROPERTY OWNERS ALLIANCE INCORPORATED (CPOA)

MEMBERSHIP APPLICATION FORM

Please enter in the boxes below:

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Mr/Mrs/Ms/Miss/other	<input type="text"/>	Email:	<input type="text"/>
Home phone:	<input type="text"/>	Cell phone:	<input type="text"/>
Postal Address:	<input type="text"/>		Post Code: <input type="text"/>

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NB. - Your personal details will be held confidentially and securely by the CPOA Administration and will not be released to any other Member, other individual or any organization without your permission.

TERMS AND CONDITIONS OF MEMBERSHIP

By signing this document you confirm that:-

- You support the Purposes of the Coromandel Property Owners' Alliance Incorporated.
- You agree to abide by the Rules of the Coromandel Property Owners' Alliance Incorporated. These can be requested via the email link or postal address below.

MEMBERSHIP OPTIONS

- You are asked please to consider contributing an annual fee of \$20 for each individual Member. This confers "Financial Membership" which entitles you to vote in any CPOA annual/special general meeting or email/postal vote. Membership fees will be used to cover general administration costs of the CPOA, such as office stationery, printing and postage, website, and hall hire for meetings.
- Members are also invited to consider making a donation to support the goals and purposes of CPOA.
- Those who have personal reasons for not paying the annual fee can be an "Associate Member", but will not have voting rights.

CAN YOU HELP?

If you have particular skills that may help with the CPOA, e.g. legal, planning, RMA, interpreting rules, accounting, marketing/media, computers, transport, preparing for hearings etc., please consider making yourself available.

MEMBERSHIP DECLARATION AND PAYMENT DETAILS

Membership Fee (\$20)	\$	<input type="text"/>
Donation of	\$	<input type="text"/>
TOTAL	\$	<input type="text"/>

Cheques payable to: CPOA Inc **OR (Preferred)**

Direct Credit to: **02 0456 0072088 00**

Account Name: **CPOA**

NB. Please insert your name in 'Reference'

OR: *I would like to join as an Associate Member*

(insert 'X')

I have read, understood and agree with the Terms and Conditions of Membership as above.

Signed:

Date:

YES – I can help with:

Email your Membership application to:- cpoatres@actrix.co.nz OR

Post to:- 64 Waihirere Drive, Tuatēawa RD 3, Coromandel 3583.

NB. Receipts will be issued. However CPOA is not a Charitable Trust, so donations cannot be claimed.