THE ARUNDEL HILLS
COMMUNITY ASSOCIATION INC.

MEMBERSHIP APPLICATION FORM

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

Please tick either A or B:

A. I am a resident and/or ratepayer of the area known as Arundel Hills	☐
B. I am NOT a resident, but would like to become a *Friend of Arundel Hills Community Association Inc.* and be kept informed about Community action to oppose the Development Application	☐

I declare as follows:

- **I am 18 years or older**
- **I agree to payment of the membership fee of $25 upon being notified of acceptance of my application**

_____ _____

Signed **Date**

DISCLAIMER:

The personal information collected by the Association is used solely for the purpose of communication and providing information related to the Association's efforts and/or other relevant updates. We ensure that the information collected from you is kept confidential and not shared with any third party without your prior consent. The Association may disclose your personal information where required in order to remain in compliance with the law. The Association does so in compliance with its legal obligations of confidentiality and/or disclosure.
By providing your personal information to the Association, you acknowledge and agree to the storage and use of your email address in accordance with this disclaimer.