



# Long Bay Residents' Association

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To The Secretary  
Long Bay Residents' Association Incorporated  
45 Te Oneroa Way  
Long Bay  
Auckland 0630

## MEMBERSHIP APPLICATION FORM

I wish to become a member of the Long Bay Residents' Association Incorporated.

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please select one:                      Owner                          Occupier\*   

The membership fee for the Long Bay Residents' Association has been set by our members at \$15.00 per person per year.

Fees are payable into the Long Bay Residents' Association bank account number:

**ASB Browns Bay - 12 3059 0030830 000**

Please give your full name as a reference for this transaction. A receipt for your membership fee is available on request.

I agree to abide by the rules of Long Bay Residents' Association Incorporated, to pay the levies charged to members when due, and to the Association holding the above details on their records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note before an application for membership from an occupier is accepted the Association may require details of the tenancy.