

MEMBERSHIP FORM

YOUR SUPPORT FOR THE KALINGA WOOLLOOWIN RESIDENTS ASSOCIATION IS URGENTLY REQUIRED AND IS VITAL TO ITS SUCCESS.

In a meeting with the Government, they advised us that they would be more inclined to accept that we represent the interests of the community if we were an incorporated association with paid up members. "Then we would accept that you represent the view of the residents", they said.

As a direct result, we have formed the Kalinga Woolloowin Residents Association Inc. Join and have your say. Come to the meetings and stay informed. Be involved and join a working group. Our current task is to stop the proposed Woolloowin Worksite on the corner of Rose St, Kent Rd and Park Rd. By joining the Association, you will give your voice in opposition to this proposal when we meet with the Coordinator General on 28 August 2009.

Membership fees are set to assist with payment of fees required for incorporation of the Association (\$170), including insurances (\$250) and the funding of initiatives.

"The Kalinga Woolloowin Residents Association is established for the purpose of representing the interests of the residents of the Kalinga/Woolloowin area. It aims to provide a forum for members to gather and share common concerns or items that may affect the local community and associated environment. It will provide a common platform and united voice to outside interests or stakeholder groups. It will maintain fairness and equity to all members, striving to protect the community it represents and the family values and lifestyle important to its residents."

For Information Contact :

Phone:

www.woolloowin.org

kwra@woolloowin.org



APPLICATION FOR MEMBERSHIP OF KALINGA WOOLLOOWIN RESIDENTS ASSOCIATION

Address: _____

Phone: _____ Email: _____

Mobile: _____ Preferred contact method: **Email / LetterBox / Phone**

I hereby apply to become a member of the Kalinga Woolloowin Residents Association Inc.

Membership fee (please circle):		
\$5 per individual or Pensioners	\$10 per household	\$20 per business
Fee payable: _____	Date Paid: yes / no	____/____/____

Family Name	Given Name	Under 18?	Local Resident	Non-Local Residents

Sign: _____

Date: ____ / ____ / ____

Please return this form with payment to your street coordinator at: