

**Whangamata Ratepayers Association Inc.
(WRA)**

Membership-Application/Renewal Form

The Secretary
Whangamata Ratepayers Association Inc.
P O Box 62
Whangamata 3643

Dear Sir / Madam,

I wish to become a member of WRA.

Name _____

Postal Address _____

Email address _____

I understand that the annual subscription is \$10 per household.

Signed _____ Dated _____

Please make cheques payable to "The Whangamata Ratepayers Association Inc."

NOTE: Please include a stamped self addressed envelope if a receipt is required.