



ERC MEMBERSHIP APPLICATION FORM

Name:
Mailing address:
Email address:
Contact number:

Membership type: *Fee payable on approval of application and thereafter annually.*

- Retiree - \$5
- Fulltime Student - \$10
- All others - \$20

Signature of proposed member:.....

Date:

For the Board's use only

Approve/Reject:

Authorised by Chairman: Date: