



HRDC
Harden Regional Development Corporation
Securing Critical Futures

Application for Membership

I _____
(Insert name)

Of _____
(Insert address)

Email _____ Mobile _____

Apply to become a member of the Harden Regional Development Corporation Inc.

Area of speciality (Please circle)

- | | | |
|----------------------|-------------------------|---------|
| BUSINESS | EVENTS | HEALTH |
| SPORTS/RECREATION | EDUCATION | TOURISM |
| CULTURE AND THE ARTS | AGRICULTURE/ENVIRONMENT | |

I understand that my application for membership will be considered by the HRDC Committee and I will be notified of the outcome within 28 days of the meeting and to maintain my membership I am required to pay the annual membership fee of \$2 per year by the AGM each year. I also agree to abide by the organisations code of conduct and policies as determined from time to time.

I also understand that all correspondence regarding HRDC will be via email and no materials will be posted.

Signed by:

Applicant _____

Date: ____/ ____/ ____