



***Kaukapakapa Area Residents
and Ratepayers Association
(KARRA)***

Membership Application Form

The Secretary
KARRA
P O Box 8
Kaukapakapa 0843

Dear Sir / Madam,

I wish to become a member of KARRA and ask that you please process my application form

Name _____

Residential Address _____

Postal Address
(if different from above) _____

Phone Number (H) _____ (M) _____

Email address _____

I agree to abide by the principles and practices of KARRA as outlined in the Constitution (a copy of which can either be accessed on line at kaukapakapa.org.nz)

I understand that the annual subscription is \$10 per member and will make payment upon receipt of an invoice

Signed _____ Dated _____