The Sanctuary Residents' Society

New Member's Information for Completion of the Societies Register:

Date of Membership:

1. Owner/Member(s) Details – Owner 1

Name: _____

Address: _____

_____

Occupation: _____

Contact Details: Mobile: _____

Email: _____

Party Authorised to exercise member's Vote: (Only one vote per Lot) _____

I agree to my details being added to the Sanctuary Residents Directory (distributed only to residents) ☐

2. Owner/Member Details – Owner 2 (if applicable)

Name: _____

Address: _____

_____

Occupation: _____

Contact Details: Mobile: _____

Email: _____

Party Authorised to exercise member's Vote: (Only one vote per Lot) _____

I agree to my details being added to the Sanctuary Residents Directory (distributed only to residents) ☐

3. Mortgage

Bank/Institution _____

4. Emergency Contact for Member(s)

Name: _____

Address: _____

_____

Relationship: _____

Contact Details: Mobile: _____

Email: _____

5. Occupiers Details (if different to Member/Owner)

Name: _____

Address: _____

_____

Occupation: _____

Contact Details: Mobile: _____

Email: _____

It is a requirement that all the information above is collected and retain by the SRA for completion of the Incorporated Society SRA Residents Register.

Once completed this form should either be scanned and sent to
thesanctuarymangwhai@gmail.com

or posted to
For the attention of the Secretary
The Sanctuary Residents Association INC.
PO Box 401192
Mangawhai Heads 0541